Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH Prince George's 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY, a. STATE b. COUNTY. MARYLAND CITY OR TOWN (If outside torporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c. CITY OR TOWN (If butside carparate limits, write RURAL and give nearest fawn) Jakoma Park Jakoma Park Months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS carbon papers 1215 Kirklynn Ave 1213 Kirklunn Aug YES NO L 3. NAME OF 4. DATE Lost August 1969 and campitetely DECEASED IF UNDER 1 YEAR (Type or print) DEATH Poter 9. AGE (In years S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED R DATE OF BIRTH remove last birthdoy) Months WIDOWED X and in any DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY SANO COUNTRY? of Mach Denmark Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, ar remayal, Sanhia Jacob 215 Kirklynn Aveddress Tko Pk. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) Illf ves give war or dates of service) Bernice Simms Daughter 578-01-6318a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gove rise to immediate cause (a), PALE-TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been detached for use as the e Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While O HOSPITAL OR ATTENDING at wark 195 7, to Occo 25, 1967, that (1) (we) lost 2). I certify that (1) (this hospital) attended the deceased from Sea director, page 3 shauld should be filed with the sow the deceased alive an Que 22 1967, and that death accurred at 1115M, from causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard Whelton 1017 Unin Rlud 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Cedar Holl Cemetery Suitland 256. REGISTRAR'S SIGNATURE ylonn Carter Charles Verder 8434 Ga. Ave. S.S .. Pumphrey Inc. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11348 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY Page 0 10 Prince George's MARYLAND Maryland Prince George's delay b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH DE STAY IN 16 c. CITY DR TOWN (If autside cornarate limits, write RURAL and give negrest town) pup DOA Muirkirk Cheverly d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS form ON A FARM? YES NO Give Poges Prince George General Hospital 7606 Muirkirk Road hours after death. Office along with 3. NAME OF Middle 4. DATE Last Month Day Year DECEASED Type or print) DEATH Admiral Anderson 7. MARRIED IF UNDER 24 HR 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months Dovs Hours Item 18. 72 hours ofter deoth WIDOWED DIVORCED Male 14 May 1907 Negro 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN DE WHAT during most of working life, even if retired) INDUSTRY 2 the Chief Medical Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil This certificate should be executed within 5 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or ugknown) (If yes give wor or dates of service within HUIRKIRK INTERVAL SETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit PART I. DEATH WAS CAUSED BY QNSET AND DEATH event IMMEDIATE (AUSE (o) Heart failure minutes writing the word DUE TO Arteriosclerotic heart disease over 8 mo. ony Conditions, if ony, which gove be forwarded to rise to immediate cause (a). ond in DUF TO stating the underlying couse 0 SD kist be used WAS AUTOPSY PERFORMED? or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) the certificote, NO X 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should bluods PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. cremotion, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not While ol work at work 21. I certify that I taok charge of the remains described above, beld an Autapsy Inspection x Inquiry 🗶 and in my apinian FUNERAL DIRECTOR: death resulted fram: Natural causes X Accident Hamicide Undetermined manner funeral director Suitide be retoined CHISE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER may TO FUNE Health John/Kehoe. Address (Street, city, town, or county) NAME (Type) Riverdale, Md. 230. PURIAL CREMATION 23d LOCATION (City or Town REMOVAL (Specify) 25b REGISTRAR'S SIGNATURE VR A15ME

PASTERNA NET DE THURSDAY AND ADDRESS OF THE PARTY OF THE PAR Marie I a real to the second of the Commence that the property Telephone Cities altological 155 . The St. of Lot 10 and a second of the property of the second and the property of the second second

College David College College

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11340 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY p. STATE b. COUNTY Prince George's MARYLAND Anne Arundel Maryland b. CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 26 days Bristol d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) and campletely filled in b remove carben papers. in any event, within 72 ho d. STREET ADDRESS ON A FARM? Prince George's General Hospital NO NO YES NAME OF 4. DATE Month lost Year DECEASED August 1 19 67 Harrison Anderson (Type or print) DEATH Russell S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Days Hours WIDOWED 4 DIVORCED 10/20/87 Male White LU/ZS/8/
11. BIRTHPLACE (County & State, or foreign country) and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired)
TO DACCO Farming OWD Farm COUNTRY? attending physician permit. Then please Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava Thomas Anderson Mary Dowell WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service No Harry Anderson-Deals. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital ar attending physician. **DUF TO** Conditions, if any, which gove rise to immediate couse (a). DUF TO stating the underlying couse **DIRECTOR:** After this certificate has been as the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital)-affended the deceased from 19/27, that (I) (we) lost be filed with the 19 67, and that death occurred at 5.30M, fram couses and on the date stated above. sow the deceased alive on 220. SIGNATURE 22b. DAJE SIGNED M.D. DIRECTOR TO HOSPITAL Page 4 may b 22d ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Clark Holmes, M. D. Upper Marlbore, Md. 20870 director, shauld be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) Ft. Lincoln Cometery Bladensburg 250. REC'D BY REGISTRAR ALICE 1 4 1967 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Ritchie Bros. Upper Marlboro. Md.

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darry andergon- Danke, Id.
A. Clark Holmes, E. B. Hoper Maribore, St. 20870
Burial B/S/S7 Ftmeole Coustony Madenmens
                Misconia Broad Unpar Mari bogo, Md.
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	MARYLAND STATE DEPARTA	
7	Division of Vital Records, 301 W. PRESTON ST Item #23c & d Film #0391 8/10/67 MEDICAL EXAMINER'S CER	REET, BALTIMORE, MARYLAND 21201
	tem #23c & d Film #6391 8/10/67	TIEICATE OF DEATH
FOR STATE	MEDICAL EXAMINER 3 CER	TIFICALE OF DEATH 11350
HEALTH DEPV. 1)		SUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
0 s t s		ASS. ESECX
Any delay is 2, and 3 to PM3. Page	b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CI	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
f uny delay 1, 2, and 3 rm PM3. Po Deportment	write RURAL and give nearest town)	5
Po P 2 2	Riverdale 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. S'	West Lynn Zip 01902 TREET ADDRESS B. IS RESIDENCE
E 6 0 77		ON A FARM?
L EXAMINER: This certificate should be executed within 24 hours ofter death. If a ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form or your files. R:Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dell, cremation, or removal, and in any event within 72 hours after death.		8 Prospect Street YES NO X
within 24 hours ofter death- pencil in Item 18. Give Page xaminer's Office along with t ile pages 1 and 2 with the Stat hours after death.	3. NAME OF First Middle DECEASED	Lost 4 DATE Month Doy Year
the g will	(Type or print) Lonnie Mack Andre	OF DEATH 8 3 1967
offe olon olon	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAT	FE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
75 ce 0 e 0 2 w	Male Negro WIDOWED DIVORCED 12-	-10-1934 32 yrs.
ind dec	100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
within 24 hours of pencil in Item 18 xaminer's Office of ile poges 1 and 2 w hours after death	during most of working life, even if retired) Painter Car Body Shop	South Carolina U.S.A.
il in 2 ages af	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
within 24 pencil in 1 xaminer's ile poges ?	Louis Andrews	Rosa Mitchell
d within per Exam	15 WAS DECEASED EVER IN U.S. ARMED EORCES? 16 SOCIAL SECURITY NO. 17 INFORM	MANT Zearbha Address
This certificate should be executed wicate, writing the word "pending" in the forwarded to the Chief Medical Existence as a burial-tronsit permit. File removal, and in any event within 72 h	(Yes, no or unknown) (If yes give wor or dotes of service) a FA FR FARA	Vancot F Androva Same as 49
be executed pending" lef Medical nsit permit.		Margot E. Andrews Same as #2
f W	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
shauld be en word "per to the Chief I burial-tronsit on any event or	IMMEDIATE CAUSE (o) Contusion of Drain	
ould vorce (or e () all-th	DUE TO Trauma - auto acciden	nt
the woll to the to the burial-	Conditions, if ony, which gove) (b)	
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EXAMINER: This certificate should use the certificate, writing the word oge 4 should be forwarded to the Ctyour files. Page 3 should be used as 9 burial-tracemation, or removal, and in any every	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
for how	Grand mal epilepsy since childhood.	YES NO TO
Thrication of the period of th	Grand mal epilepsy since childhood. 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter PRIMARY) OF OPENING CONTRIBUTING CONTRIBUTION	nature of injury in Part I or Port II of item IB.) ing wall.
MEDICAL EXAMINER: This please execute the certificate, director. Page 4 should be ferbined for your files. DIRECTOR: Page 3 should be to to buriol, cremation, or remo	PRIMARY-AN OF CONTRIBUTING L	went out of control and hit a retain-
EXAMINER: tute the certifoge 4 should your files. Poge 3 should cremation, or	3 1 30. TIME OF INJURY Month Day Voor 1 20d INJURY OF LIDED - 1 200 PLACE DE 1	INITIPY (Home form 20t (City or fown) (County) (Stote)
Mage 4 th	Hour o.m. While Not While	eet, office bldg, etc.) lock Baltimore Ave., College Park, Md.
you bay	91.1 Sam p.m. 8-2- 1967 of work of work 19600 b. 21. I certify that I taok charge of the remains described above, held an	lock Baltimore Ave. College rack, no.
For for foll,		
MEDICAL lleose exec director. P stoined for DIRECTOR.	death resulted fram: Natural eauses , Acciden , Suicide [, Homicide , Undetermined manner
Irre to Italy	ACTUAL / V	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
N re	SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER
ER P	EXAMINER'S	DEPUTY MEDICAL EXAMINER A
TO DEPUTY MENTAL EXAMINER: In necessary, please execute the certificathe funeral director. Page 4 should be 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremation, or many	NAME (Type) John Kehoe, M.D. Riverdale, Md.	Address (Street, city, town, or county) 8–3–67
the The	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETRY OR	
	Burial Aug. 7, 1967 Fine Grove Ve	
VR A15ME (5)	24. FUNERAL DIRECTOR, ADDRESS	250. REC'D BY REGISTRAR 19675b. REGISTRAS SIGNATURE AUG 8 19675b. REGISTRAS SIGNATURE
6M 1/67	W. W. CHAMBERS CO. Riverdale, Md.	DATE AUG 8 1987 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11349 11351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George o. STATE Prince George MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corparate limits, write RURA), and give negrest town) puo write RURAL and give nearest town) with the Stote Deportm Boulevard Heights DOA Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS along with farm in Item 18. Give Poges Prince George General Hospital 4157 Southern Ave. This certificate should be executed within 24 hours after death. NAME OF 4. DATE Year DECEASED (Type or print) Andrews DEATH Mildred Rhodes S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths WIDOWED DIVORCED 15 May 1911 Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? North Carolina please execute the certificate, writing the word "pending" in pencil is director. Page 4 should be forwarded to the Chief Medical Examiner' 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any event within 72 haurs Sudie Columbus Rhodes 333 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, arunknawn) (If yes give war ar dates of service) Angela Andrews 4157 Southern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: HIAM SHATHEM Heart failure IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic heart disease Conditions, if ony, which gave unknown rise to immediate cause (a), DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removal, PERFORMED? Diabetes Mellitus-over 10 yrs. NO X 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] 20g. EXTERNAL CAUSE WAS 3 should PRIMARY OF CONTRIBUTING 0 CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Not While Haur a.m. factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at wark Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry X and in my opinian TO FUNERAL DIRECTOR.
Health priar ta burial, death resulted fram: Natural causes X Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER John Kehoe, M.D., **EXAMINER'S** NAME (Type) Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION /23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial Homewood Cemetery Homestead, Pa. 1967 Aug. 31. 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR UNERAL DIRECTOR 4001 Benning Rd. VR A15ME (5) Climber Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11352 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institut on Residence before admission) o. COUNTY Maryland Prince Georges papers. Pages 17 An 72 hours after Prince Georges MARYLAND requires that the deoth certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Mt. Rainier Cheve rlv 3 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊑ d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled i 2903 Allison St. Prince Georges General Hospital YES NO. NAME OF remove carbon First Middle Lost 4. DATE Doy Year completely DECEASED Robert J. Ballantyne Sr. 1967 DEATH Aug. 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED TO NEVER MARRIED lost birthdoy) Months Dovs and in ony Male White WIDOWED DIVORCED 12/26/97 puo 100 JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? A Const.Co. Baltimore.Md. 13 FATHER'S NAME signed by the ottending physic buriol-transit permit. Then pla buriol, cremation, or removal, 14. MOTHER'S MAIDEN NAME Wm. Hamilton Ballantyne Mary Yeakle 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address 721-18-6234 Mrs. Louis · K. Ballantyne above add-No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
 PART 1. DEATH WAS CAUSED BY. (Wife) ress) NIERVAL BETWEEN ONSET AND DEATH Bacterial Meningitis IMMEDIATE CAUSE (o). Page 4 may be retoined by the hospital ar attending physician. DUE TO Septicemia Conditions, if any, which gove rise to immediate couse (a), DUF TO stating the underlying couse be detoched for use as the State Dept. of Health prior to last. hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YESSEX NO 20o. ACCIDENT WAS JNDERLYING [3] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port For Port II of item 18.) OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) TO FUNERAL DIRECTOR: After this (County) (Stote) Hour to.m. Not While foctory, street, office bldg, etc.) OR ATTENDING at work 2]. I certify that (I) (the shorted) attended the deceased fram_ , 1967, to Aug. 3., 19 67 that (1) (838) last director, page 3 should should be filed with the 19.67, and that death accurred at4.45pM, fram causes and an the date stated above saw the deceased alive an Ano. 3 22o, SIGNATUR 22bo DATE SIGNED M.D. DIRECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS O HOSPITAL Irvin Grassgreen, M. D. NAME (Type) 3101 Arundel Rd. Mt. Rainier, Maryland 23b DATE THEREOF 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Silver Spring, Md. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTPAR'S SIGNATURE VR A15 (4) 25M 1/67 lianely 198



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11353 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COLNTY MARYLAND y filled in by the fight papers. Pages of this 72 hours after b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (L'autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) d_NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? MOLLIBIL YES NO X NAME OF Middle DATE First Yedi DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH **NEVER MARRIED** urthday) Manths Days Haurs WIDOWED DIVORCED burial, cremot on, or removol, and in on rem 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work dane 12. (IT ZEN OF WHAT during mast of working life, even if setired) Eugen ale 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service) NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-trons t ONSET AND DEATH PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital ar ottending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse the State Dept. of Health prior ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Cerebrovascura acredent NO certificate Þ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) DIRECTOR: After this Nat While Hour a.m. factory, street, affice blda., etc.) at work at work 21. I certify that (I) (this haspital) attended the deceased from 3-9 19 6) ta 8-) 1962, that (i) (we) last 19 62 and that death accurred at 8:15 m/mm causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22a SIGNATURE 8-7-67 M.D. DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN S TO FUNERAL NAME (Type) Houdens 23c NAME OF CEMETERY OR CREMATOR) .OCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County (State) 25b. REGISTRAR S SIGNATURE

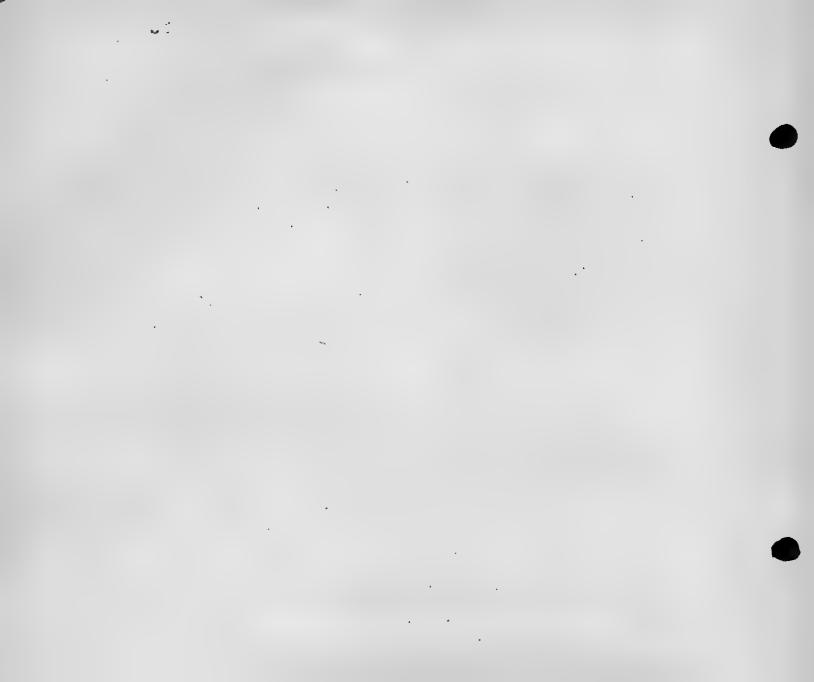


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11354 FOR STATE HEALTH/DA 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY Prince George's

b CITY OR TOWN (If outside carparate limits,
write RURAL and give nearest town) Maryland MARYLAND r LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 2hrs. 45min. Cheverly Churchton d NAME OF HOSPITA. OR INSTITUT ON (If not in hospital give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS pending" in pencil in Item 18. Give Pages 1, ef Medical Examiner's Office along with form YES NO Prince George General Hospital Rodgers Road This certificate should be executed within 24 hours after death. 3 NAME OF DECEASED (Type or print) Midd e 4 DATE 120. Month Barr DEATH John NEVER MARRIED F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF SIRTH 9 AGE (n years 7 MARRIED lost birthday) Months Hours event within 72 haurs ofter death WIDOWED DIVORCED 8-14-1906 Male White 100 JSUAL OCCUPATION (Give kind of work done during most of working life leven if refired) 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY COUNTRY ? New York Draftman Industry 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William H Barr Elizabeth Harrison bur of fronsit permit. File 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address Elizabeth B Walden Hollywood Clorida 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) Shock and hemorrhage be forwarded to the Ch writing the word DUE TO Hemothorax and hemoperitoneum hours In any Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY or removo PERFORMED? CERTIFICATION YES DE NO [20d EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 3 should PRIMARY DEOF CONTRIBUTING CAUSE OF DEATH Driver thrown from car which overturned cremat on, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or town) 20c TME OF N.LRY Month, Doy Year when the otwork of twork of Rt. 202 near Upper Marlboro, Prince Geo. Co. Hour o.m. FUNERAL DIRECTOR: Page 6:50am pm 8-8-21. 1 certify that I took charge of the remains described above, held on Autopsy 🔀 Inspect on 😿 Inquiry 🔄 and in my opinion Accide 17 XC death resulted from-Notural couses Suicide | Undetermined monner Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Riverdale, Md. Jehn Kehoe, M.D. 5 may 10 FUNE NAME (Type) Address (Street city town, or county) 23c NAME OF CEMETERY OR CREMATORY Woodfield Cemetery 230 BURIAL CREMAT 23d LOCATION (City or Town Galesville 23b DATE THEREOF Burial Burial Anna Arundel Md Aug 12, 1967 250 REC D BY REGISTRAR 967 256 HELLEN LAND Judge 24 FUNERAL DIRECTOR VR A 15ME (5) Hyattsville, Md. F Gasch's Sons 6M 1/67



,	MARYLAND STATE DEPARTMENT OF HEALTH				
		CERTIFICATE OF DEATH	RE 1, MARYLAND		
١	1=	Item #9 Film #6792 9725707 ph			
		COUNTY P . B. COUNTY	A /:		
b.	٥.	CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write R	URAL end give neerest town!		
		with RURAL and give neerest towfn;	,,		
_	4	NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?		
_(2	07 Haynes Road 607 Haynes 1	YES NO		
3	-	NAME OF ANNA STATIA Middle Last 4. DATE OF Month OF DECEASED AND A STATIA	Dey Year		
		DEATE aug	UNDER 1 YEAR IF UNDER 24 HRS		
		MARKIED MEYER MARKIED	Aontha Deys Hours Min.		
-	10e.	USUAL OCCUPATION (Give kind of work adult) 10b. KIND OF BUSINESS OR INDUSTRY 41. BIRTHPLACE (County & Stete, or foreign country) adulting most of working life, eyen if refired	12. CITIZEN OF WHAT COUNTRY		
•••		Hausewife Hame Pallemaro Mod	USA		
	13.	FATHER'S NAME	1		
-	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	Layle		
ı	Yes	no, or unkown) (If yes give war or detes of service)	1 (B) o 2nd st		
_	T	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	1 Carried Med		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	25 rumit		
		· 'V DUE TO OI	7		
	ı	Conditions, if any, which geve rise to immediate couse (b) All plateurs to the gul notice of			
		(e), steting the underlying DUE TO	' 2		
Z.	ŀ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(e) 19. WAS AUTOPSY		
	CATION	Dicketer Mellitur.	PERFORMED?		
	RTIF	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of item 18.)			
	ь І	IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,), 201. (City or town)	(County) (State)		
MEDICAL		Hour a.m. While Not While fectory, street, office bfdg., efc.)	(County) (State)		
2	1	21. I certify that (I) (this hospital) attended the deceased from LLCA Wat, 1917 and 1	19 that (I) (we) la		
		saw the deceased alive on			
		220. SIGNATURE) 1 ATTENDING STAFF	22b. DATE SIGNE		
		A MI MUTTILLE M.D. PHYS. DIRECTOR PHYS.	JULY		
		PHYSICIAN'S NAME (Dypo) SMWARREN 22d. ADDRESS LAUREC MD			
	230	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	or county) (Stote)		
,	_/	June 8/31/67 St Marys Cen Laurel	MI		
	24	SUMERAL DIRECTOR'S SIGNATORE ADDRESS COLLEGES DATE SEP STORE ADDRESS DATE SEP STORE	TRAR'S SIGNATURE OF		
		service sandyman valle pro part			



Prince Georges c CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) e IS RES DENC ON A FARM? NO TE YES Year Doy 24 Aug. 19 67 FUNDER TYEAR TIF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHA? CONNTRX-2 A Bladensburg, Md. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPS! PERFORMED? YES -NO [(Stote) (County) TO FUNERAL DIRECTOR: After 19)6, to Aug. 24., 1967, that (1) (200) last and that death accurred at 7.06M, from causes and an the date stated above. DATE SIGNED for, page Page 4 may Prince George's Plaza Hyattsville, Md. directo 230 BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR EREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Aug 28, 1967 Colmar Ft Lincoln Cemetery anor Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE YR A15 (4) 25M 1/67 F. Gasch's Sons Hyattsville, Md. DATIAUG 29 Charles 1967

.. 000



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. funeral s 1 and and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY a STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, r LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest fawn) write RURAL and give nearest tawn) .⊆ a NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled YES NO [NAME OF Middle Last DATE Day Year DECEASED OF DEATH (Type or print) 1960/ S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years IF UNDER 24 HRS last butbaay) Manths Days Hours WIDOWED . DEVORCED 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR (CF (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 34 MOTHER'S MAIDEN NAME remayal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates af service Б 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit burial, cremati PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO signed Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending 2 this certificate has been WAS AUTOPS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) OR ATTENDING PHYSICIAN: JD. 2Do ACCIDENT WAS UNDERLYING . HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II at item 18) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER: TIME OF INJURY Manth, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour con. Not While foctory, street, office bldg., etc.) After at wark 21. I certify that (1) (this haspital attended the deceased from 10 FUNERAL DIRECTOR: saw the deceased alive apfram causes and and that death accurred at an the date stated above SIGNATURE 22b DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN S BUR AL CREMA 23b DATE THEREON 23c NAME OF CEMETERY OR CREMATOR 23d LOCAT ON FOIL 25H REG STRAR'S SIGNAT **ADDRESS** 2Sa REC'D BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11359 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) · COUNTY PRINCE GEORGES MARYLAND requires that the death certificate be executed within 24 haurs after c. LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate limits outside carparate limits, write RURAL and give nearest town) write RURAL and give negrest Jawr CILLEGE OLLECT DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET_ADDRESS e IS RESIDENCE ON A FARM? (SUILFORD Prince Georges General Hospital YES NO F 3. NAME OF Middle_ 4. DATE Doy Year DECEASED HARLES 23 1967 (5 (Type or print) DEATH S SEX IF UNDER 1 YEAR IF INDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years lost berthody) Months Dovs Hours and co (Oct 21898 WIDOWED DIVORCED and in any 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHY LACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? S.A. durnamps to hworking tile even if retired) Wash D.C. Owner 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, attending phy permit. Then I Louis Ryland (cacased) H. Hall (deceased) Mary 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT lford Rd College Pk. Guilford (Yes, no, or unknown) (If yes give wor or dates of service) 578 05 oberta nø 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEAT **burial-transit** IMMEDIATE CAUSE (o) yd bangis DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stoting the underlying cause be detached far use as the State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 1B) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year **DIRECTOR:** After this factory, street, office bldg., etc.) Not While at work 25, 1967, that (1) (sees) last 21. I certify that (I) (xoxxxxxxxxxx) attended the deceased from JUCY ro Hospital or Attenti Page 4 may be retained director, page 3 shauld should be filed with the 27-1067 and that death accurred at 142 AM, from causes and an the date stated above. saw the deceased alive an M 220 SIGNATURE DATE SIGNED M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 230. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stota) REMOVAL (Specify) Fort Lincoln Cometery Colmar Manor Pr. Geo. Md Funeral Home Inc. Pre Rainier EUNERAL DIRECTOR 250. REC D BY REGISTRAR 25b REG STRAR S SIGNATURE VR A15 (4) 25M 1/67 Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE COUNTY Prince George's

b CITY OR TOWN (f outside corporate limits,
write RURAL and give nearest town) Maryland Prince George's

c CTY OR TOWN (If outs de corporate limits, write RJRAL and give neafest town) Prince George's MARY, AND C LENGTH OF STAY IN 16 Hillcrest Heights Cheverly DOA he Stote Depart d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, nive street address) d STREET ADDRESS e IS RESIDENCE olong with ferm ON A FARM? YES NO 3 5012 25th. Place in perial in Item 18. Give Pages Prince George General Hospital This certificate should be executed within 24 hours after death 3 NAME OF Middle 4 DATE Doy DECEASED Bolac (Type or print) DEATH IF UNDER 1 YEAR 5 SEX 8 DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lest birthdoy) Months 31 Dec. 1898 WIDOWED DIVORCED execute the certificate, writing the word 'pending' in peecil in Hem 1's or Page 4 should be forwarded to the Chief Medical Exominer's Office Female White 10o USUA, OCC. PATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State - foreign country) 12 CT ZEN OF WHAT during most of working life, even if ret red) NDLISTRY Washington, DO Harrington Hotel 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME in any event within 72 hours Bertha Wysong Wallace Harry 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor ar dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Helen D. Smith Dau.) Same as 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN over 6 mo. MMMED ATE CAUSE (a) Metastatic carcinoma writing the word over 6 mo. Carcinoma of thyroid gland Conditions, if ony, which gove (b) use to immediate couse (a). DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) NO IX 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 181 PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 2Df (City or town) (County) 20c TME OF NJURY Month, Day Year 20d .N.,.RY OCCURRED 20e PLACE OF INJURY (Home, form Not While foctory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page of work of work 21 It certify that I took charge of the remains described above, held on Autopsy ... inspection 🕱 5 Inquiry 🗽 , ond in my opin on Natural courses 3 Acrident Su cide . Homreide | deoth resulted from Undetermined manner funeral director may be retained CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAM NER SIGNATURE Heo th prior DEPUTY MEDICAL EXAMINER X 8-22-67 NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city town, or county) H 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23h DATE THEREOF 23d LOCATION (City or Town) 50 REMOVAL (Specify) Cedar Hill Cemetery y Suitland anyl
250 RECD BY REGISTRAR Buria 24. FUNERAL DIRECTOR Simmons Bros. 1661- Gd. Hope Road SE. Wash, De DATAUG 23 1967 VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11362 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) a COUNTY ely filled in by the fuel ban popers. Pages 1 to within 72 hours ofter d Maryland Prince Georges prince Georges requires that the death certificate be executed within 24 hours ofter MARYLAND b CITY OR TOWN (foutside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 hr.10 mins Suitland Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince Georges General Hospital 3129 Parkway Terrace Drive YES NO F and tampletely f corban 3. NAME OF Middle 4. DATE Last Month Yeor DECEASED (Type or print) Bradley 3Rd. F. --1967 Harry DEATH August 18 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last-birthday) IF LINDER 1 YEAR IF JNDER 24 HRS Months Days Hours Nov. 13, 1966 WIDOWED DIVORCED Male White 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) .= 12 CITIZEN OF WHAT Ittending physicion (ermit. Then please during most of working life, even if retired) INDIASTRY ondi COUNTRY? Maryland None USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal, Carol Lee MXXXXXX Register Harry F. Bradley 2nd. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Same as (Yes, no, or unknown) (If yes give war or dates of service Carol Lee Bradley Mother cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ial-transıt PART DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) á DUF TO signed burial-tr Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse ottending os the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS ALTOPSY PERFORMED? this certificate YES *XXX NO 20o ACC DENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of stem 18) the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING of work ot work 21. I certify that (this haspital) attended the deceased from Aug. 18, 1967, ta Aug. 18, 1967, that (x) (we) last saw the deceased alive on Aug. 18, 1967, and that death accurred at 12:10M, from causes and on the date stated above. be retained 10 FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE 5 GNED STAFF PHYS M.D. DIRECTOR director, page should be filed 22d ADDRESS 22c PHYSIC AN S NAME (Type) Harold Y. Finck Prince Georges General Hospital 230 BURIAL, CREMATION 23b DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) esurrection Cemetery Olinton, Jaryland 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REG STRAR S SIGNATURE VR A15 (4) 25M 1/67 Simmons Brothers 1661- Gd. Hope Rd.SE. 156 ĎC.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11363 requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY and completely filled in by the fur remove corbon papers. Pages 1 nany event, within 72 hours after MARYLAND Maryland Prince Georges Prince Georges b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Cheverly 5 days Bowie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Prince Georges General Hospital 64 Chestnut Avenue YES NO X NAME OF Middle 4. DATE Year DECEASED (Type or print) Louise Braxton DEATH 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR DATE OF BIRTH IF JNDER 24 HRS lost birthdoy) Months Hours cremotion, or removal, and in any WIDOWED DIVORCED Dec. 4, 1909 Female Colored 57 Yrs 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT eose during most of working life, even if retired)
HOUSEWLIE physicion (nen pleose INDUSTRY U COUNTRY?A D. C. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Hawkins Mary Jones attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN signed by the burral-tronsit p burral, cremoti PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Uremia, secondary to Chronic Glomerulonephritis haspital ar ottending physician. 401.0 DUE TO Conditions, if any, which gove Fribrinous Pericarditis (Uremic Pericarditis) rise to immediate couse (a), DUE TO stoting the underlying couse has been Ø) Bronchopneumonia 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS'
PERFORMED? for use Health p TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us shauld be filed with the State Dept. of Healt YES KCK NO ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING IT 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INBIRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) by the | Hour o.m. foctory, street, office bldg , etc.) of work L of work 21. I certify that (this hospital) attended the deceased from Aug. 25, 1967 to Aug. 30, 19 67, that XPK (we) last be retained saw the deceosed olive an Aug. 30. 1967, and that death accurred at 8:55 M, from causes and an the date stated above. 22o. SIGNATURI MED AM 226. DATE SIGNED STAFF DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Edwin Jensen M. D. Prince Georges General Hospital 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Harmony Memorial Park Landower, P.G. Co., Md. 256 REGISTEAR STENAHERE D. CADDRESS Washington, 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11364 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a COUNTY o STATE b. COUNTY MARYLANC requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside carparate umits, c. LENGTH OF STAY IN 16 autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest fawel IS RESIDENC completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? NO IX YES Month NAME OF Middle DATE Oov Year eve carban DECEASED Hugust 1967 (Type or print) DEATH IF UNDER 1 YEAR I IF UNDER 24 HRS. AGE (In years SEX 6. COLOR OR RACE **NEVER MARRIEO** 7 MARRIED last birthday) Manths Days Hours WIDOWEO DIVORCED 12 CITIZEN OF WHAT TOB KIND OF BUSINESS OR 180. USUAL OCCUPATION (Give kind of work done (County & State, or foreign country) during most of working life, even if retired) LEOUNTRY? Un Home 13. FATHER'S NAME 14 MOTHER'S MAIDER NAME ar remaval, Aage Henriksen Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 12 INFORMANT 8508 - Addisth Street (Yes, no ar unknown) (If yes give war ar dates of service) Calvin Brockdord ilver Spring Carulani crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) the signed by the burial-transit p PART I. OEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **DUE-TO** burial, a Myocarditia a ter willo Conditions, if any, which gave rise to immediate couse (a), DUE-TO stating the underlying cause has been the Health priar to NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 WAS AUTOPSY PERFORMEO? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING YES 🗍 NO this certificate 205 DESCRIBE HOW INJURY OCCURRED LEnter noture of injury in Port I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg, etc.) Hour_a.m. Not While O FUNERAL DIRECTOR: After Lilly ? (122) 28, 196 (that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. be retained director, page 3 should should be filed with the and that death accurred at 1/3 M. fram causes and an the date stated above. saw the deceased alive an / free 2 19 22b. DATE SIGNED 22a, SIGNATURE ATTENOING M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. REMOVAL (Specify) ashinaton. Cemeteru Burial 25b. REGISTRAR'S SIGNATURE FUNGRAL OURECTOR-25g, REC'D BY REGISTRAR VR A15 (4) Juneral Home Delver Spring 20 M 1/66 umphreu





	0-67 MARYLAND STATE DEP. OF VITAL RECORDS, 301 W. PRESTO		LAND 21201
11363 Item #	Film #3392 CERTIFICATE		11366
O COUNTR Leong	CS MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	d lived if institution Residence before odmission) b. COUNTY ()
b CITY OR TOWN (If outside corporate fur write RUPAD and give nearest town)		Brentwood	e himits write RURAL and give nearest town)
Pr. Beorges Ger	· /to 3pital.	3717 Cleune	e is residence on a farm? YES \(\) NO
3 NAME OF DECEASED (Type or pnnt) S SEX 6 COLOR OR RACE	First Middle 7 CC MARRIED NEVER MARRIED 1	Brown . 4 DATE OF DEATH	A C 9 20 19 6
Jemali white	WIDOWED DIVORCED A	ST24, 1924 [1] BIRTHPLACE (County & Stote, or fore	Agest birthday) Months Doys Hours M
100 USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) 13. FATHER S. NAME	Candiler	Charlothizel (c)	OUNTRY! A
andrew Ono	Lindre 5	INFORMANT	Brocken brough 1
1S WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no or unknown) (If yes give wor or dots	//	ryt Boroca (Francisco of
PART I. DEATH (Enter only one MART I. DEATH WAS CAUSED BY IMMEDIATE CAU	7	of Refrephroma	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave is to immediate cause (a), stoting the underlying cause	(b) POTT P P P P P P P P P	MAN	TATEL FOR NOTHERNON
PART I OTHER SIGNIFICANT CONDITIONS	(c) MASSIVE OF	THE FERMINAL DISEASE CONDITION GIVEN	I IN PART 1(c) 19 WAS AUTOPSY PERFORMED? YES \(\sigma \) NO
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	20b DESCRIBE HOW INJURY OCCURRED		,
P m	While Not While of work	ory, street, office bldg., etc)	(County) (State
saw the deceased auve on	spital) attended the deceased from, and the	t death accurred at 11 AM,	from causes and an the date stated ab
220 SIGNATURE	3 Comeron M	I god apopted	STAFF BHYS. D 8-20-6
NAME (Type) U U A	HEREOF 1230 NAME OF CEMETERY OR	3503 P	ATION (City or Town) (County) (State)
SFMOVAL Specify) lug 23		Cemetery Wa	shington D. C.
F. Gasch		DATE AUG 23	1967 yellarles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11367 1364 CERTIFICATE OF DEATH on papers. Pages I and within 72 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY MÅRYLAND PRINCE GEORGE"S MARYLAND PRINCE GEORGE's b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
ANDREWS AFB c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 3 Days NAYLOR d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? HOSPITAL ANDREWS Box 3650 TANYALD Rd NO N YES 🔲 law requires that the death certificate be executed within 3. NAME OF Middle First DATE Last Year DECEASED ALICE NADINE BURCH and in ony event, (Type or print) 19 6 S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7 MARRIED (In years **NEVER MARRIED** remove Months lost birthday) Hours CAU FEMALE WIDOWED DIVORCED JUNE 1907 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired)
HOUSEWIFE COUNTRY? ottending physician opermit. Then please NA HOANAKER, VIRGINIA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removol, ROBERT W. MEADE MELLISIA IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) HUSBAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART 1 DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (6) PNEUMONIA & ACUTE RESPIRATORY, FATLURE DHE TO Conditions, if ony, which gove (b) ACUTE MYELOGENOUS use to immediate cause (a), DUE TO stating the underlying couse os the prior to (c) LEUKEMIA WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health STATUS POST SPLEENECTOMY FOR SPONTANEOUS REPTURE YES X NO. ğ 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bldg . etc.) Not While ot work 27 | certify that M (this haspital) attended the deceased from 30 July , 19 67, to 2 Aug , 19 67 that (K (we) last director, page 3 shauld should be filed with the saw the deceased alive, an 2/August 19 67, and that death accurred al 2.200M, from causes and on the date stated above. DIRECTOR: 220 SIGNATURE 22b DATE SIGNED ATTENDING PHys K 2 Aug 67 DIRECTOR PHYS 22d. ADDRESS USAF AHYSICIAN'S Hospital Andrews RAME (Type) JOHN LINDEMAN, CAPT, USAF MC 230 BUNIAL, CREMAT ON, KEMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) DATE THEREOF. (County) (Stote) 0

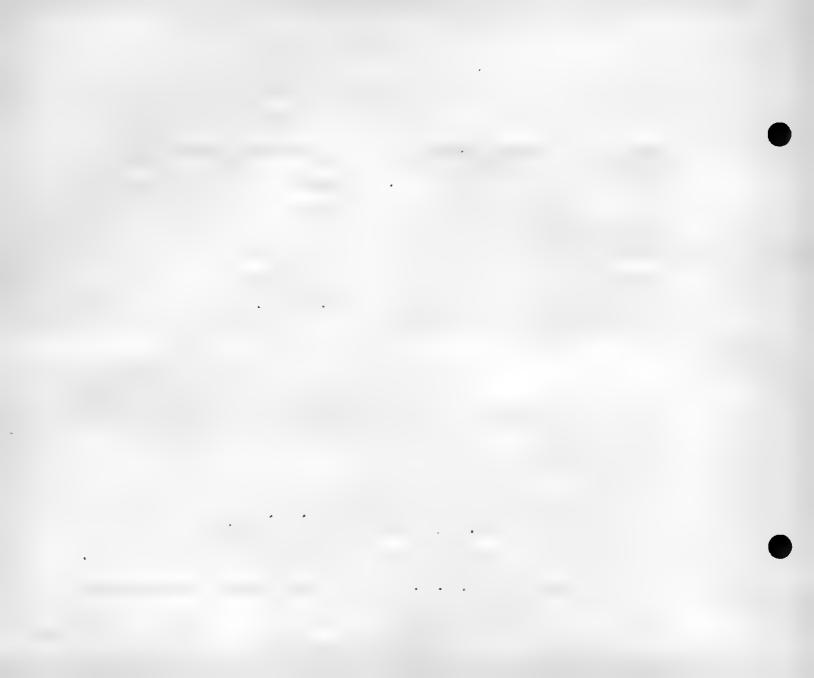


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11308 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HI ALTH-DEPT. 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (f outside corporate imits CLENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate imits write RURAL and alve nearest town) write RURAL and give nearest town) 28 days Cheverly Oxon Hill d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE in pencil in Item 18. Give Pages 1, Examiner's Office alang with farm ON A FARM? Prince George General Hospital 349 Irvington Street YES NO 3 in Item 18. Give Pages This certificate should be executed within 24 hours after death 3 NAME OF Middle 4 DATE DECEASED Burnette (Type or print) DEATH Samuel 9 AGE Iln years IF UNDER 1 YEAR IF LINDER 24 HR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months and in any event within 72 hours after death WIDOWED DIVORCED April 1905 Male White 11 BIRTHPLACE (State or foreign country) .2 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR during most of working the, even if retired)
Messenger INDUSTRY North Carolina Kerkle Press 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Samuel P. Burnette Anna C. Helton IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Same as writing the ward "pending" is rwarded to the Chief Medica (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Oecelia E. Burnette (Wife) no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c) PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE (AUSE (a) Thrombosis cerebellar artery DUE TO And congestive heart failure vears Conditions, if ony, which gove (b) From myocardial fibrosis and infarction vears nse to immediate couse (a). From coronary arteriosclerotic heart disease vears stoting the underlying couse shauld be farwarded 19 WAS AUTOPSY PERFORMED? crematian, ar removal, PART II. OTHER SIGN-F, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES THE NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, 20f (City or town) (Stote) foctory, street, office bldg, etc] Not While of work ot work 21 I certify that 1 took charge of the remains described above, held an Autapsy 🔀, Inspect an 🔀, Inquiry 🛣, and n my apin an death resulted fram. Natural coases 🛣 Accident 💚 Suicide 🗍 Hamicide 🔲 Undetermined manner the funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health priar SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8-16-67 NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city, town or county) 23c NAME OF CEMETERY OR CREMATORY T 23e TOCATION ITY TOWN, (County) 230 BUR AL CREMATION 23b DATE THEREOF 0 REMOVAL (Specify) Suitland, Maryland, 250. RECD BY REGISTRAR Jaso Printing Sona Aug. 18-1967 Codar Hill Cemetery Buriol VR A 15ME (5) Simmons Bros. 1661- Gd. Hope Rd. SE. Wash. DC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11366 1369 CERTIFICATE OF DEATH deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE **b.** COUNTY Prince Georges

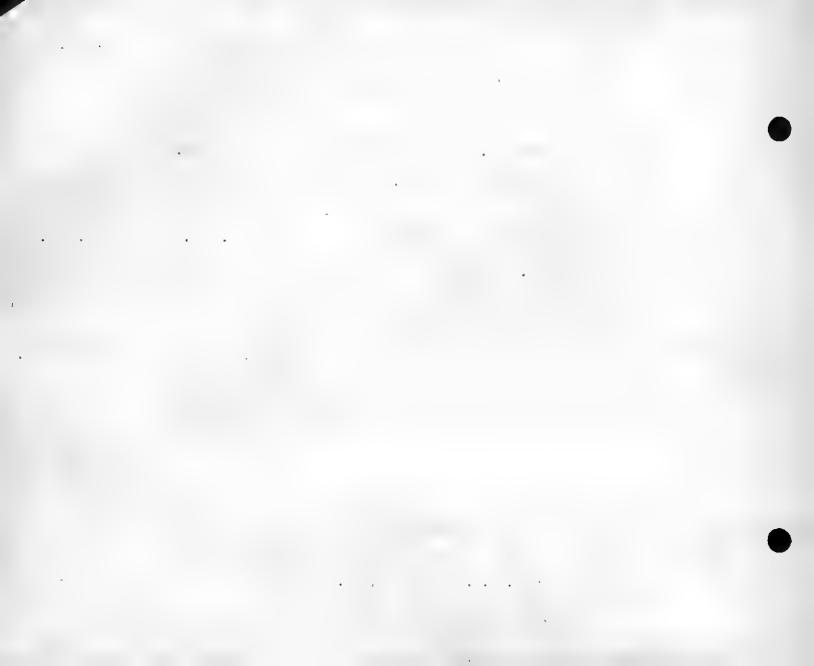
b. CITY OR TDWN (If autside carporate limits, write RURAL and give nearest town) MARYLAND Maryland Prince Georges The law requires that the death certificate be executed within 24 hours ofter c CITY DR TDWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Clinton 1-1/2 days Cheverly n and completely filled in best remove corbon papers. d NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 7329 Branch Avenue YES NO T Prince Georges General Hospital 3. NAME OF 4 DATE Last Year DECEASED (Type or print) DEATH George G. Butler August 5 SEX F UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS physician and comp en pleaser remove. birthday) Manths Days Haurs 4/11/11 WIDOWED DIVORCED Colored Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ond las Station Attendent Maryland Gas Station 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME cremotion, or removal, Gwynnie Butler Rosie Proctor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Edna L. Butler - Same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit puriol, cremoti PART I. DEATH WAS CAUSED BY. ONSET AND DEATH HEART FAIL WAE CONGESTIVE IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO Conditions, if any, which gave] PULMONACE rise ta immediate cause (a). DUE TO as the prior to b stoting the underlying couse EMPHYSEMA 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) .≎ ATIO⊞ for use Health (NO DE certificote 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING TO be detoched for Stote Dept. of H OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) Hour o.m. Nat While factory, street, office bldg., etc.) While OR ATTENDING be retained by th at work ot work **DIRECTOR:** After 1967, to Aug. 22, 1967, that 11) (we) lost 21. I certify that (1) (this hospital) attended the deceased from Aug. saw the deceased alive an Aug. 22. 1967, and that death accurred at 11:43M, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE AM STAFF W Aug. 23, 1967 DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Roger Ingham, M. Prince Georges General Hospital 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify)
Burial 8-26-67 Resurrection Cemetery Clinton, Maryland AR 1967 25b. RESUPRARS SIGNATURE 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4)



1/3	-1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11370
+	(n	1	11367 CERTIFICATE OF DEATH
	urs after death. y the funeral Pages I and 2 urs after death	1)	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) o. STATE D. C.
	ecuted within 24 hours after campletely filled in by the fu nove capan papers. Pages I y even within 72 hours after		b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glenn Dale (rural) 32 days C CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Washington
	n 24 ha lled in papers. ija 72 h	0/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Glenn Dale Hospital d. STREET ADDRESS on A FARM? YES NO E
	within the state of the state o		3 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) Mable G. Butler DEATH Aug. 25 19 67
	e executed and cample remaye ca		S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years if UNDER 1 YEAR if UNDER 24 HRS) Female Negro WIDOWED DIVORCED B/24/98 9 AGE (In years if UNDER 1 YEAR if UNDER 24 HRS) Months Doys Hours Min
	te be ex ian and ase rem ind in an		100 USUAL OCCUPATION (Give kind of work done during most of working life even if refired) 100 KIND OF BUSINESS OR INDUSTRY 100 KIND OF BUSINESS OR INDUSTRY 110 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 BIRTHPLACE (County & Stote, or foreign country) 14 BIRTHPLACE (County & Stote, or foreign country) 15 CITIZEN OF WHAT COUNTRY?
	certifica physic hen ple naval, o		13. FATHER'S NAME Unknown Unknown
	death Ittending ermit. T n, ar rer		15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 578-20-0136 Decedent Regimal M. Bulled Wash
	hat the n. y the a ansit pe		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (a),) PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (b)
	The law requires that the death certificate be executed within 24 hours after death attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remays capan papers. Pages I pard the priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.		Conditions, if any, which gove (b) rise to immediate cause (o), DUE TO
	law reinding peen s the iar ta		last (c) Killerent Crebritan well lice letter Whitem
	N: The or after has a salth pi	2	Huberteusine and Orthus West Heart I seems VES 10 NO X
	vspital ospital certification for the far far in of He		206 ACCDENT WAS UNDERLYING DON'T REDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lar Port II of item 18.) 207 CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar tal		20c. TIME Of INJURY Month, Day, Year Hour o m. p.m. 19 While at work Not While Not While at work Not While Not Whi
	TENDII ined by DR: Aft auld by		21. I certify that (this hospital) attended the deceased from 7/24/, 1967, to 8/25/, 1967, that (we) la sow the deceased give on 8/25, 1967, and that death occurred at :30PM, from causes and on the date stated above
	OR AT be reto DIRECTION of 3 sh ed with		220 SIGNATURE M.D PHYS DIRECTOR X STAFF B-25-67
	SPITAL 4 may IERAL I ar, pag dr, pag d be fil	1	22c. Physician's NAME (Type) Moe Weiss, M.D. 22d. ADDRESS Glenn Dale Hospital Glenn Dale, Maryland
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar ta		236 BURIAL DEMATION, 23b DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 23d LOCATION (C by 9t Town) (Coupty) (Store) 23d BURIAL DEMATION, 23d LOCATION (C by 9t Town) (Coupty) (Store) 23d FUNDAL SEMBLE RESISTANT 25b REGISTRAR SIGNATURE 23d FUNDAL SEMBLE RESISTANT 25b REGISTRAR SIGNATURE
	VR A15 (4) 25M 1/67	The same	24 FUNERAL DIRECTOR WILLIAM FNIAGE RUDER 2311NICHO PAUE JE DANG 3 1 1967 generales Judges

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X	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	FOR STATE	11368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11371
	HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.)
	20 8 A	o COUNTY Prince George's MARYLAND O. STATE Maryland Prince George's
	2, ond 3 to PM3. Page	b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
_	de de la composition della com	Clinton DOA Oxon Hill
	epo	d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street oddress) d STREET ADDRESS e S RESIDENCE ON A FARM?
	First 500	Southern Maryland Med. Center 5260 Oxon Hill Rd. VES NO X
	Pog th Sto	3 NAME OF First Middle Lost 4 DAYE Month Doy Year
	the	(Type or print) William H. Butler DEATH 8 30 19 67
	affe old along the	S) SEX O COLOR OR RACE 7 MARRIED MEVER MARRIED B DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR IF _NDER 24 HRS lost birthday) Months Days Hours Hou
	ours ond 2 v	Male Negro WIDOWED DIVORCED 13-19-1977 50 YIS
	This certificate should be executed within 24 hours after death. If any icate, writing the word 'pending" in penci in Item 18 Give Pages 1, 2, a be forwarded to the Chief Medical Examiner's Office along with farm PN abe used as a burial transit permit. File pages lond 2 with the State Depart removal, and in any event within 72 hours offer death.	100 JSUAL OCCUPATION (Give kind of work done during most of working life, even fretired) 10b Kind of Business or line Busine
	n 24 i in ner's ner's offi	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
	rithi Denc Denc Dence Poorrs	Norman G. Butler Roseanna Proctor
	d with per in pe	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
	ld be executed within 24 h rd 'pending" in penci in th Chief Medicol Exominer's O tronsit permit. File pages 1c event within 72 hours offer	(Yes, no, or unknown) (If yes give wor or dotes of service) 578 22 4880 Mary Frances Newman 5260 xon Hills
	exe endi Me i Me	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH
	l be l'hiel rons	MMEDIATE (AUSE (o) Heart tallure minutes
	thould the (the (urial t	forditions loop which are I Arterioscierotic heart disease over 2 mo.
	e shoul the wor to the burial in any	rise to immediate couse (a), (DIS TO
	ficate time the right of the cost of the c	stating the underlying couse (c)
	rrtifi rritir vard ed o ed o al, o	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RUT NOT RELATED TO THE TERM NAI DISEASE CONDITION GIVEN IN PART 1/6).
	This certificate, writh Id be forwar old be used or removal, a	PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING CAUSE OF DEATH 200 EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING CAUSE OF DEATH 200 TIME OF INJURY Month, Day Year Hour o m. 200 INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18) (County) (Stote)
	fircat be d be d be	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.)
	INER: 1 e certific should b files. 3 should Iton, or r	CAUSE OF DEATH
		20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF IN.URY (Hame, tarm Hour o'm. While Not While foctory, street, office bldg, etc.) (City or town) (County) (State)
	MEDICAL EXAMINATION OF THE STAND OF T	pm 19 ofwork L1
	Pol Pol of, c	21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🗽 Inquiry 😥 ond in my opinion
4	MEDICAL d rector. Programmed for birectors to bur of,	death resulted from: Natural coursesy 🗷 Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌
	MESTON o ease e d rector etained DIRECT	ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL
	TY PY. P	TOTAL
	O DEPUTY, the funeral S may be D FUNERAL Health price	NAME (Type) John / Kehoe, M.D. Riverdale, Md. Address (Street, cly, town or county) 8-30-67
	TO DEPUTY MESS necessory, p ease the funera d rect 5 may be retaine TO FUNERAL DIRE Health prior to b	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION (Cty or Town) (County) (Stole)
	VR A I SME ISIN	24 FUNERAL DIRECTOR ADDRESS ZSG RE D BY REGISTRAR S SIGNATURE
	6M 1 67	ROBERT B. MASON FUNERAL MOME, ARC. DASEP 1 1967 galantes Judge.
		BOOD RECORDS AVERUE AVE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11260

CERTIFICATE OF DEATH

SEDMA

		ل الله المستند			CERTIFICA	IL OI DEATH		110	72
1	Ī	PLACE OF DEATH					(Where deceased fived, if inst	itution Residence be	fare admission)
		o COUNTY.	George		MARYLAND	• Marylar		Prince Ge	
		b. CITY OR TOWN (II write RURAL and R.3. Vernda	outside corporate limit give necrest town) ale, Laryla	s, ınd	18 days		outside corporate limits, write Park, Maryla		rest tawn)
			L OR INSTITUTION (If no			d STREET ADDRESS			e IS RESIDENCE
1	E	lugene Le]	land Memori	al Ho	spital	4709 Berv	wyn Drive		YES NO
		NAME OF DECEASED		rst	Middle	Last			ay Year
		(Type or print) SEX	Gene		Pearl	Caldwell B. DATE OF BIRTH	DEATH		19 - 4
	3	Female	6. COLOR OR RACE White	7 MARRII WIDOWI		3/12/88	9 AGE (In years) Months Day	
	100		(Give kind of work done		. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Count	y & State, or foreign country)	12 CITIZEN	OF WHAT
		Hou:	sewife		own_home	Craig (County, Virgin	nia US	1 4
	13.	FATHER'S NAME				14. MOTHER'S MAJDEN			
1	16	John Cal			La comunicación de la comunicaci	Bell Sir			
	(Ye	s, no, or unknown)	IN U.S ARMED FORCES? (If yes give war ar dates o	of service)		7. INFORMANT		ddress	a
ı		unknown	ATH (Enter only one cau	ua par line		Muriel Meeha	College		d. INTERVAL BETWEEN
1		PART 1 DEAT	H WAS CAUSED BY		for (a), (b), and (c))	anded?	tailure		ONSET AND DEATH
		+42x	IMMEDIATE CAUSE DUE				1		
		Conditions, if any,	which gave 3	(b) -C	eremen	, 1			
		nse to immediate stoting the under	e cause (o), { DUE	TO 16	exertence	Vactorios	lunte da	rela da	esculu
		last.	,	(1)		po a je	na dise	Kal	
,	FICATION	PART II. OTHER SIG	INIFICANT CONDITIONS C	ONTRIBUTIN	10 DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
	CERT	20a ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Part I ar Part II af Item 18)		
	MED CAL	20c TIME OF INJU Hour a.m	3.0	W	I INJURY OCCURRED 20e the Nat While of work of the Nat While	PLACE OF INJURY (Hame, fall factory, street, affice bidg , et		(County)	(State)
		21. I certif	y that (I) (this has	att (Istig	ended the deceased fram	7/150	19 ta CC	19/	that (I) (we) i
		saw the de	Gased alive an	KNY	14-196), and	that death accurred a	M, from cous	eg and on the d	
		220, SIGNATURE	got	en	nl	M.D. ATTENDING A	OFFECTOR PHYS	0 8//	4/67
		22c PHYSICIAN'S NAME (Type)	WC	, E	TIENN	Z 22d ADDIN S	lege Da	N/M	9
	230	BURIAL, CREMATIO	N, 23b. DAYE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	36d EGCATION (City of		.6
		REMOVAL (Specify) Burial		1967		Church Cemete	er Fluvanna		Va.
	24	i. FUNERAL DIRECTOR קר		ions	ADDRESS Hyattsville,			REGISTRAR S SIGNAT	

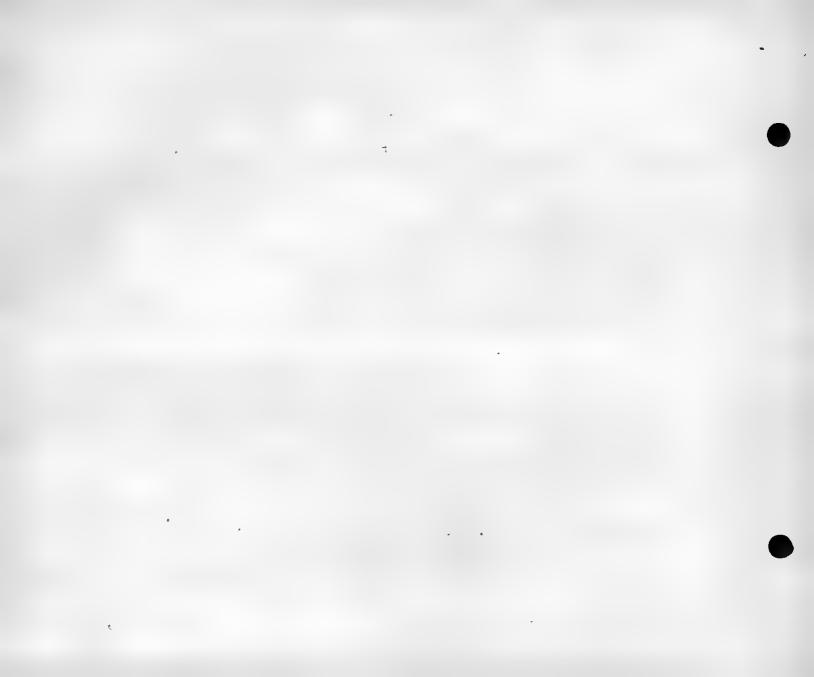
VR A15 (4) 25M 1/67

	MARYLAND STATE DEPARTMENT OF HEALTH	
11/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 I tem #2c & d Film #1121 (1997)	
FOR STAFE	113 10 Them #20 & MEDICAL EXAMINER'S CERTIFICATE OF DEATH 113	73
HEALTH DEPT.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence	pefore odmission)
2 2 8 E	a COUNTY Prince George's MARYLAND Maryland Prince George	rgels
delay 1 5 to 3 to 3 73. Pag	b CITY OR TOWN (1 outside corporate mits. CLENGTH OF STAY IN Ib CLEY OR TOWN (1 outside corporate limits, will tell RURAL and dive no	earest fown)
PM3.	write RURAL ond give neorest town) Cheverly DOA Creenbert// Hyattsville	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 1402, 74th Ave.	IS RES DENCE ON A FARM?
S O O	Prince George General Hospital Chechbolt Convalescent Center	YES NO 1
± 8 € 8	3 NAME OF First Middle Lost, 4 DATE Month	Day Year
ve the the	OF CARLISTE CARLISTE DEATH 8	1 19 67
\$ 0 E	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BRTH 9 AGE (In years IF JNDER 1 YE	EAR OF UNDER 24 HRS
2 6 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Female White W DOWED & DIVORCED 19-10-1892 74 V'S	ars noors will.
hours 19 Office I and 2	100 JSUA, OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZE during most af warking life, even if retired) INDUSTRY 17 COUNTRY	N OF WHAT
24 In 19 ri's C	Char woman Washington D. C. U.S.	A.
nin Irill inel inel	13. FATHER'S NAME	
with com	Unknown	
ed ed a Silver File File File File File File File File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 577 16 8377A Adeline Betts Bellemead, Md.	
dico.	(1 yes give wor or dates of service) 577 16 8377A Adeline Betts Bellemead, Md.	F
should be executed within 24 hours ne word 'pending' in pencil in Item 18 to the Chief Medicol Exominer's Office oburial-transit permit. File poges I and 2 v nony event within 72 hours after death	18. CAUSE OF DEATH (Enter anly ane couse per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
be phief hief	IMMEDIATE CAUSE (a) INTARCTION OF SIGNOIG COTON	ONSET RITS SERVIT
ord	DUE TO Volvulus of sigmoid colon	
sho e w o th our	Canditians, if any, which gove (b)	
o by d in d in	stoting the underlying couse DDE 10	
ifficat arded arded ond	lost. (c)	I 10 That AUTORCY
This certificate should ricate, writing the word be forwarded to the Cl. is be used as a burial-triemovol, and in any every	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO
<u> </u>	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) PRIMARY OF CONTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTION COUNTRIBUTING COUNT	
EDICAL EXAMINER: ase execute the certifector. Page 4 should sined for your files. RECTOR: Page 3 shau o burial, cremation, o	20c. TIME OF Noury Manth, Doy, Year Hour orm. pm 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) (County foctory, street, affice bldg., etc.)	γ) (Stote)
MEDICAL EXAM lease execute th director. Page 4 stained for your DIRECTOR: Page to burial, crema		and in my apiniar
DICAL I	a eath resulted fram: Natural cases 3, Accident , Suicide , Homicide Undetermined manner	, (
MEDICA director. estained birector to burie	CHIEF MEDICAL EXAMINER	
Z ele ele z	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAM NER	22 DATE SIGNED
JTY ITY, erole be be prio	DEPUTY MEDICAL EXAMINER TO	1 / 179
O DEPUTY MET necessary, pleat the funerol dire 5 moy be refail 0 FUNERAL DIR Heolth prior to	NAME (Type) John Kychoe, M.D. Riverdale, Md. Address (Street city, town or county) 8	-4-67
TO D The S m	DEMONA TO SEL	aunty) (State)
E - 1 - 1	I D	eo Md.
VR A15ME (S)	24 FUNERAL DIRECTOR ADDRESS 250 RECULTY REGISTRAR 250 REGISTRAR 3 GM AUG 8 1967 July AUG 8 1967	rlas Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 3 7 4 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth. pup 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) and completely filled in by the funeral . PLACE OF DEATH o. STATE Mary land b COUNTY Prince George's o. COUNTY Prince George's MARYLAND CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate aimits write RURAL and give negrest town) 27 days Bladensburg Cheverly 2/ uay
d NAME OF HDSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 4910 Newton St. NO X Middle NAME OF Lost 4. DATE Year DECEASED (Type or print) OF DEATH 18 1967 Cesak Gustav August event IF LINDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9 AGE (In years s. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 80lost birthdoy) 3/19/87 Hours White Male Muo ui puo WIDDWED X DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY Canada 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi burial-tronsit permit. Then pl burial, cremotion, or removal, Unk Unk 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Jerry Cesak Bladensburg. len. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME DF INJURY Month, Doy, Yeor Hour om. factory, street, office bldg , etc.) Nat While of work ot work deceased fram _______, 19 _____, ta_Aug. 18 ____, 1967 , that (I) (we) last 19 67 , and that death occurred at 6:40pM, from causes and an the date stated above. 21. I certify that (1) (this hospital) attended the deceased from be retoined saw the deceased alive an Atto. 22b. DATE SIGNED 22o, SIGNATURE STAFF DIRECTOR 22d, ADDIESS 22c PHYSICIAN'S 650 NAME (TYPE) & I'T'Y Resemberg Landover Road, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION 23b DATE THEREOF (County) (Stote) 8-19-67 Fort Lincoln Cemetery Colmar Manor, Maryland Mt Rainier, Md 25b REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 [4] Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11375 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed if institution. Residence before admiss on) o COUNTY o. STATE **b** COUNTY MARYLAND Prince George's Maryland Calvert b CITY OR TOWN IIf autside carparate limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) write RURAL and give negrest town) Cheverly 18 days Dunki rk d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? filled i YES IN NO [uthin Prince George's General Hospital % Post Office NAME OF campletely f Middle First DATE Last Dov Year DECEASED OF August 1 19 67 (Type or pant) Haze1 Chanev DEATH S SEX IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 5 8 DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Davs Hours and in any WIDOWED DIVORCED White 6/10/12 Female 10a USJAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)

Housewife 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT please **INDUSTRY** COUNTRY? attending physician sermit. Then please Anne Arundel Domestic Md. USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Marion Phipps Emma Rodgers WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If we give war or dates of service) 213-38-1237 John Chaney, Dunkirk, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit t ONSET AND DEATH PART I. DEATH WAS CAUSED BY -/ Lemia IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO estensine Conditions, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause as the priar to t PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES X NO certificate 200 ACC DENT WAS UNDER VING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of murry in Part 1 or Part 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased from tnat (I) (we) lost and that death occurred at5:40 _M, fram causes and an the date stated abave. saw the deceased alive on 220. SIGNATURE P.M. 22b DATE SIGNED ATTENDING , page 3 be filed √ M.D. DIRECTOR PHYS PHYS. 22c. PHYSICIAN 22d ADDRESS NAME (Type) 503/enn meau directar, should be 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Aug.4,1967 Smithville Chr. Cemetery Calvert Md. Dunkirk Burra 24. FUNÉRAL DIRECTOR 2Se VR A15 (4) forme Owings, Md. 25M 1/67 DATE



,	Itum 18 Film 392 8-23-6 MARYLAND STATE DE		→
<i>f</i>	DIVISION OF VITAL RECORDS, 301 W. PREST		11376
and and	11373 CERTIFICAT	E OF DEATH	
to the state of	1. PLACE OP DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution Re	es dence before odmission)
after death	THICE GEORGES MARYLAND	a. STATE MARYLAND b. COUNTY PR	INCE GEORGES
at a set a	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL an DISTRICT HEIGHTS	d give nearest town)
haurs of the the thaurs of haurs haurs	d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress)	d. STREET ADDRESS	L o IS DESIDENCE
in 24 ho filled in poers hun 22 h	PR. Georges Gen L	2400 ROCHELLE AVENUE	e IS RESIDENCE ON A FARM? YES NO X
ithin y file on within	3 NAME OF First Middle	Lost 4. DATE Month	Doy Year
equires that the death certificate be executed with physician. signed by the attending physician and completify burial-transit permit. Then please remave carbar burial, crematian, ar remaval, and in any event.	OFCEASED (Type or print) Debornatt Anne	HAPMAN DEATH aug	6 1967
cuted omplet ive car event,	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	lost birthdoy) Mon	NDER I YEAR IF JNDER 24 HRS
leath certificate be exec ending physician and co nit. Then please rema ar remaval, and in any	WIDOWED DIVORCED	THINGS 22, 1903 7 10. 14	- 1/.5
be no a se r	during most of working life, even if retired) NMUSTRY	11. BIRTHPLACE (County & State, or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? USA
icate /sicic plea	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	USIA
phy phy savo	WILLIAM C. CHAPMAN JR.	ANDREA C. HOOKER	
ding ding	TO WAS DECEMBED DUST IN IT & ADMED SOURCES 12 SOCIAL SECURITY NO. 17	INFORMANT Address	
dec affen n, ar		ILLIAM C. CHAPMAN, SAME AS	# 2
equires that the d physician. signed by the att burial-transit per burial, crematían,	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ereas of alit	INTERVAL BETWEEN ONSET AND DEATH
that an. by t rans	IMMEDIATE CAUSE (o)	receptuals seg	
ysici ysici ned rial-t	Conditions, if any, which gove) (b) Unk. organis	m	
requestion of the state of the	rise to immediate cause (a), stoting the underlying cause DUE TO		
aw oding beer ar to	last. (c)		
the law ratending attending has been as the is as the the priarta	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
ar as eath	206. ACCIDENT WAS UNDERLYING . 206. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port I of Item 18)	YES NO
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shavid be detached for use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, crer	GR CONTRIBUTING CLAUSE OF DEATH	Tenter notice of injury in Port 1 of Port 1 of new 35)	
this of the better detection of the perfection of the perfection of the perfect o	B Hour'o.m. While — Not While — fo	.ACE OF INJURY (Home, form, 20f (City or town) ctary, street, office bldg , etc.)	(County) (State)
ING by th ther i	p.m. 17 of work 🗀 dr work		10 67 11 . 115 1 . 1
L OR ATTENDING be retained by 1 DIRECTOR: Affer ge 3 shauld be 0 lied with the Stati	21. 1 certify that (1) (this kossial) attended the accessed from saw the deceased alive on 3 '22 1967, and the	at death accurred at 8:30 AM, from couses and a	196, that (I) (well last an the date stated above
ATT ATT	220. SIGNATURE	ATTENDING MED STAFF 22	26 DATE SIGNED
OR be r	4	1D PHYS. XX DIRECTOR LI PHYS. LI	Aug. 6,1967
TAL nay	22c. PHYSICIAN'S NAME (Type) Peter Duus M. D.	22d ADDRESS	Unben Md
DSPI NER ctar,	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF	6124 Central Ave. Capitol R CREMATORY 23d LOCATION (City of Town)	(County) (State)
TO HOSPITAL OR Page 4 may be 1 TO FUNERAL DIRE director, page 3 shauld be filed v	BURIAL (Specify) 8/9/67 CEDAR HILL		
	24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Hom	250 REC D BY REGISTRAR 256 REGISTRA	
VR A15 (4) 25M 1/67	4308 Suitland Road, Suitland, Maryland	DATE AUG 1 0 1967	The same of the sa

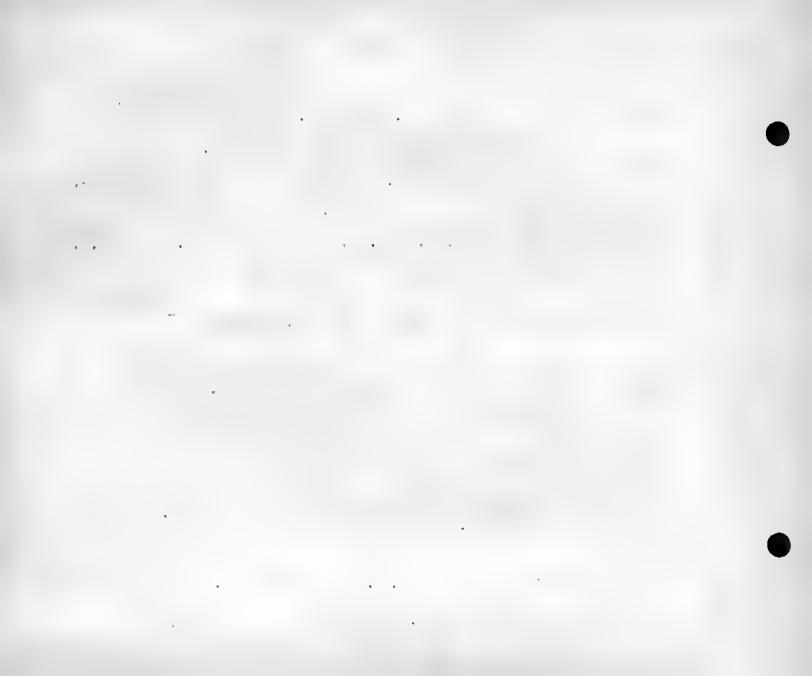


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH MO. STATE p. COUNTY b COUNTY b CITY OR TOWN (It auts de carpara le limits, MARYLAND TRAVARS C LENGTH OF STAY IN 11c CITY OR JOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 5 mo (000 d MAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊑ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers event, within 72 filled 3708 YES NO TE STAME OF Middle remaye carban First Last 4. DATE Month Dov Year and campletely DECEASED OF 1050 19 67 (Type or print) 01 DEATH ug 7. MARRIED IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF JNDER 24 HRS NEVER MARRIED last burthday) Months Days Haurs in any WIDOWED 1-11-87 DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) physician c INDUSTRY COUNTRY? 200 Michigan 14 MOTHER'S MAIDENGAME anvernment USA (A). FATHER S NAME burial, cremation, ar removal, attending phys Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes no, ar unknown) (If yes give war ar dates of service 3708 Bunker Hill Rd - Brentwood CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burial-transit PART I. DEATH WAS CAUSED BY "GNSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO for use as the t Health priar tab stating the underlying cause hos been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION WAS AUTOPSY PERFORMED? CERTIFICATION NO certificote 20a ACC DENT WAS UNDERLYING (Enter noture of multi-OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER R 20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) SE SE Hour a.m. While Not While factors, street, office bldg., etc.) O FUNERAL DIRECTOR: After Lewis-21. I certify that (1) (this hosp(fal) attended the deceased fram 19 (# 19_(c, that (1) (we) last director, page 3 shau d shauld be filed with the and that death occurred at 1964, from couses and on the date stated above saw the defeased alive on DATE SIGNED 22o. SIGNATURE 22b **ATTENDING** STAFF PHYS. M.D PHYS 22d ADDRESS 22c. PHYSICIAN & NAME (Type) ershi 1450 NAME OF CEMETERY OR CREMATORS 23d LOCATION (City of Town) 23a BUR AL, CREMAT ON (County) REMOVAL (Specify) Colmar Manor. rt Lincoln Cem Mt. Rainie reso. RECD BY REGISTRAR 24. FUNERAL DIRECTOR N.S. VR A15 (4) 25M 1/67 Maryland Home Inc.

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11378 375 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY nce Georges Prince Georges MARYLAND completely filled in by the 1 ove carbon papers. Pages y event, within 72 hours aff b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CITY DR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 06/29/67-8/16 Forestville Clinton d NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? Pine View Gardens Health CAre Center 7667 Walters Lane NO X YES remove corbon NAME OF Middle 4 DATE Day Year DECEASED or removol, and in any event, (Type or print) DEATH SEX 6 COLOR DR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last Sighdoy) Manths Days Haurs 8/30/86 WIDOWED & DIVORCED ond 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar foreign country) 12 CITIZEN DE WHAT ottending physicion o permit. Then please during most of working tife, even if retired) INDUSTRY U COUNTRY? Italy 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Andrew Bernado 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5019ddress Kerby Road (Yes, na, ar unknown) (If yes give war ar dates of service Anthony Cherrico Oxon Hill, Md 219 56 0386 burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or attending physicion. DHE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the prior to last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? be detached for use State Dept. of Health YES [NO certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) TO FUNERAL DIRECTOR: After this (County) (Stote) Hour 'o.m. Nat While factory, street, office bldg., etc.) of work at wark 21 I certify that (1) (this haspital) attended the deceased from Think 25, 1967, to Clay 16, 1967, that (1) (we) last be retained 1967, and that death accurred at 167 Am, from causes and an the date stated above saw the deceased alive an Cine 22o. SIGNATURE 22b. DATE SIGNED ATTENDING K M.D PHYS DIRECTOR director, page shauld be filed 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 6.0 BURIAL GREMATION 23b DATE THEREOF 73c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (State) (County) urial (Specify) 8-21-196 Wash. EHINERAL DIRECTOR 256 REGISTRAR'S SIGNAL VR A15 (4) 25M 1/67 196/





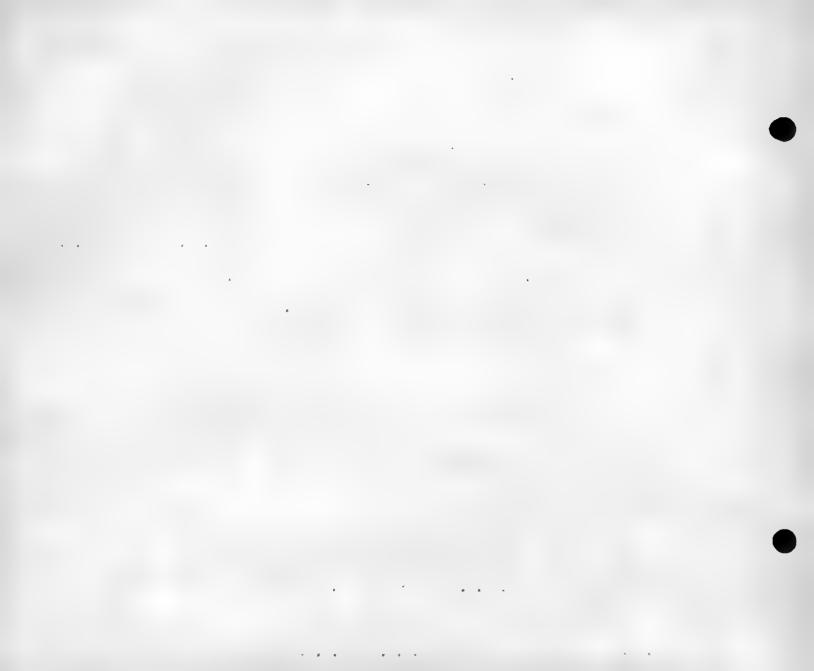


1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
in dhy event, within 72 hours after death.	PLACE OF DEATH o. COUNTY PRINCE GEORGES MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE IABRADOR, CANADA CANADA
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) A NDREWS A IR FORCE BASE 34 GOOSE AB
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) USAF HOSPITAL ANDREWS d STREET ADDRESS QUARTERS 540B e IS RESIDENCE ON A FARM? YES NO KX
L	NAME OF First Middle Last 4 DATE Month Day Year DECEASED (Type or print) MICHAEL SCOTT CUNNINGHAM DFATH AUGUST 19, 19 67
	S SEX MALE 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In yeors last birthday) Manths Doys Haurs Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? CA NADA:
	13. FATHER'S NAME WILLIAM F., JR. 14. MOTHER'S MADEN NAME JOSEPHINE MERRITT
	1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. ar unknawn) (If yes give war ar dates af service) None 16. SOCIAL SECURITY NO. PATIENT RECORDS Address
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PROPERTY OF THE PR
	Conditions, if any, which gave rise to immediate cause (a),
	last. (c)
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 24 NO
	PERFORMED? YES 3 NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o m. PERFORMED? YES 3 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Year Hour o m. (County) (Stote)
	p.m. 17 atwark - otwork -
	21. I certify that (I) (this hospitol) attended the deceosed from
	220. SIGNATURE M.D. PHYS DIRECTOR STAFF PHYS. 22b. DATE-SIGNED 22c. SIGNATURE M.D. ATTENDING MED DIRECTOR PHYS. 22d. ADDRESS 2202 Countries D
1	NAME (YPP) Cap t. Roger E. Sp itzer Hillcrest Heights, Maryland
	230 BUR.AL (REMATION, REMOVAL Specify) Removal—Pur. 8/25/1967 Greenlawn Cemetery Columbus, Ohio
	24. FUNERAL DIRECTOR Maried Address Signature 250. REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REGISTRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15807 FOR STATE HEALTH DEPTA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a. STATE Prince George's 2, and 3 ta PM3. Page Prince George's Maryland MARYLAND b CITY DR TDWN (If outside carporate mits, write RURAL and give nearest town) c CITY DR TDWN (If outside corporate mits, write RURA, and a ve nearest town) c LENGTH OF STAY IN 1b Hillcrest Heights Cheverly rafe Depo e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS pencil in Item 18 Give Pages Prince George's General Hospital 2725 Bellbrook Street YES NO TO 24 hours after death. Office along with NAME OF 4 DATE Eirst Lost Dov Year DECEASED and 2 with the (Type or print) Christine Marie Cupp August 67 DEATH 9 AGE (In years IF UNDER NEVER MARRIED X B DATE OF BRIH IF UNDER 1 YEAR 5 SEX 6 COLDR OR RACE 7 MARR FD ost b rthday) Haurs 8-3-67 event within 72 hours after death White WIDOWED DIVORCED Female 11 BIRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Washington, D. C. None d "pending" in pencil in Chief Medical Examiners 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within George H. Cupp Dorothy M. Naer permit. File IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND 17 INFORMANT (Yes, na. ar unknown) tilf ves give wor ar dotes af service George H. Cupp, Same as Item #2(Father) None No NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY-Congenital Heart Disease IMMEDIATE CALSE (o) icate, writing the ward be farwarded ta the Ch This cert ficate should DUF TO dny Canditions, if any, which gove rise to immediate couse (o), ⊑ DUE TO stoting the underlying couse 0.5 PART II OTHER'S GNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? cremation, or remaval, NO 20o EXTERNA, CAUSE WAS 20b DESCRIBE HOW N.ERY OCCURRED (Enter noture of njury in Port or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Not While at work factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remoins described above, held an Autopsy [X]. Inspect on X. Inquiry X, ond in my opinion d rector. Notural Causes X Undetermined monner deoth resulted from Acc dent/ Suicide Homic de CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, City, fown, or county) 8-8-67 John Kehoe, M.D., Riverdale, Md. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (Caunty) (Stote) 0 BUREMOVAL Specify 8/10/67 Cedar Hill Cemetery Suitland, Maryland 25a. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 W. W. Chambers Co.517 11th St., S.E., Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

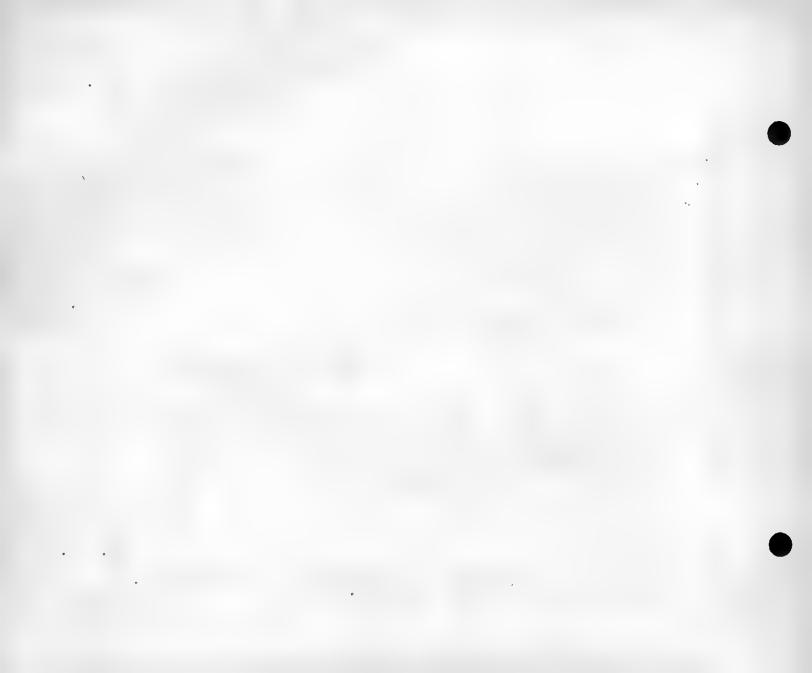


MARYLAND STATE DEPARTMENT OF HEALTH SItem: 49, 11, 12, 13 OL W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1584 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Maryland Prince Georges Prince Georges MARYLAND Pages b CITY OR TOWN (If outside corporate limits c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 requires that the death certificate be executed within 24 haurs aft Chever IV give nearest town) 55 minutes Hyattsville filled in I d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? 7631 Goodland Drive Prince Georges General Hospital YES NO NAME OF carban Middle 4. DATE Lost Month Year campletely (Type or print) Charles W. Denson Aug. 1967 DEATH NEVER MARRIED IF ... NOFR 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7. MARRIED ove ove Months Dovs Haurs 12/29/57 WIDOWED DIVORCED 5 White Male rem, puo and in a J1 BIRTHPLACE (County & State, or foreign country) 10a. USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) attending physician sermit. Then please INDUSTRY COUNTRY? Balto, Md. U.S.A. 13. FATHER'S NAME emova Louis Denson Janice Seymour IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the burial-trans't burial, crematin the PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO steting the underlying couse the Ir to has been 0.5 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 10 FUNERAL DIRECTOR: After this certificate jo be retained by the hospital 20a ACC DENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) detached f OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month Day, Year (County) (Stote) Hour a.m Not While factory, street, affice bidg, etc.) at wark L at work 21. I certify that (4) (this haspital) attended the deceased from Aug. 24, 1967, ta Aug. 24, 1967, that (4) (we) last 1967, and that death occurred at 3:25 M, fram causes and an the date stated above saw the deceased alive on 22a, SIGNATURE 22b DATE SIGNED DIRECTOR PHYS director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S Prince Georges General Hospital Harold Y. Finck, M. NAME OF CEMETERY OR CREMATORY REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Tems #11 CERTIFICATE OF DEATH 12829 ers. Pages 1 and 2 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Pr. George's Pr. George's MARYLAND Maryland b CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn write RURAL and give neorest town) 6 months College Park College Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? 9708 Li7th Place 9708 47th Place NO IX The law requires that the death certificate be executed within 3. NAME OF 4 DATE First Month Year DECEASED (Type or print) 67 Ellen DICKERSON August Dora DEATH 19 signed by the attending physician and campl burial-transit permit. Then please remave S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (in years # UNDER 7. MARRIED NEVER MARRIED IF UNDER 24 HRS ost birthdoy) Months Days Hours 10 February WIDOWED X DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Virginia 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or remova William Bolt Martha Scott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service 4719 Edgewood Rd. Coll. Pl Son crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN HORE ON JAME Coronary occlusion IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Generalized arteriosclerosis unknown (b) rise to immediate couse (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending as the this certificate has been (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) detached from the Dept. af I OR CONTRIBUTING [CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) State [at work arow to O FUNERAL DIRECTOR: After 21 I certify that (I) (this haspital) attended the deceased from I July 1966 to present . 19 ... that (1) (we) last saw the deceased alive on 11 August 1967, and that death accurred at 7 P.M. from couses and on the date stated above. 22o. SIGNATURE 22b., DATE SIGNED ATTENDING Aug. 1967 DIRECTOR director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS Riverdale, Md. NAME (Type) Carl J. Houmann 23o. BURIAL CREMATION -QCATION (Cover Town) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR REGISTRAR'S SIG VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) delay 1. o. COUNTY o STATE b. COUNTY Page Maryland Prince George's Prince George's MARYLAND c CITY DR TDWN (if outside carparate mits write RURA, and give nearest town) b CITY DR TOWN (If outside corporate limits r LENGTH DE STAY N Ib P.M3 write RURAL and give nearest tawn) Mt. Rainier Mt. Rainier d NAME OF MOSPITAL DR INSTITUTION (If not in haspita, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS a, writing the ward "pending" in pencil in Item 18 Give Pages 1, farwarded to the Chief Medical Examiner's Office glang with form 3509 Rhode Island Avenue YES NO F 3509 Rhode Island Ave. This certificate shauld be executed within 24 haurs after death Middle 4 DATE 3. NAME OF Lost Firs1 Doy Year DECEASED OF 1967 (Type or print) Elizabeth Dodson DEATH Eleanor IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 9 AGE (In years 6 COLOR DR RACE 7 MARRIED NEVER MARRIED birthdoy Months Hours 3-4-18 WIDOWED DIVORCED White ın any event within 72 haurs after ded 11 BIRTHPLACE (State or foreign country) 10a USUAL DCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CT ZEN OF WHAT during mest of working life even if retired) **NDUSTRY** COUNTRY? WASHINGTON 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND AS # D (Yes, no, or unknown) (If yes give wor or doles of service) AN INOWN ROBERT G, DODSON 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head MMED ATE CAUSE (o) please execute the certificate, writing the ward DUF TO Conditions, if ony, which gove use to immediate couse (a). DUE TO stating the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? crematian, ar removal, YES X NO 4 shauld be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) 3 shauld PRIMARY IX or CONTRIBUTING [shot self in head CAUSE OF DEATH 20f (City or fown) (State) 20c TIME DF INJURY Month, Doy, Year 20d INJURY DCCURRED 20e PLACE OF INJURY (Home, form, (County) foctory, street, office bldg., etc.)
home White of work X Mt. Rainier. P.G .. Md. 9:30pm pm 8-31 2) I certify that I took charge of the remains described above neid an Autopsy XX, Inspection x, Inquiry x and in my apinian DIRECTOR: Hom cide Undetermined manner Su cide X. death resulted frame Natural causes ! Accident | CHIEF MEDICAL EXAMINER prior to l ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAM NER 5 may be ret TO FUNERAL D Hea th priar SIGNATURE the funera DEPUTY MED CAL EXAM NER 9-1-67 NAME (Type) John /Kehoe, M.D. Riverdale, Md. Address (Street, city town ar county) 23d LOCATION (City or Town) FOREST LAWN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pue PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Prince George papers. Pages 1 in 72 hours after Maryland Pr. Gso. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2- Years Fort Washington Fort Wasnington .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREFT ADDRESS o. IS RESIDENCE filled 13115-Fort Washington Rd., S. E. 13115-Fort Washington Rd., SE YES NO executed within completely NAME OF DATE DECEASED OF DEATH JOSEPH ENNIS. (Type or print) C. 19 67 Au, ust 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. ve. lease remb and rem Mole WIDOWED [DIVORCED [Oct. 4th. 1901 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) physician 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY Pa. Retired Painter Self Employed USA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Гетоуа attending primit. Then Joseph C. Ennis Mamie Murphy ad by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as (Yes, no, or unknown) | (If yes give war or dates of service) 578-16-0396 Mrs. Hazel M. Ennis CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the ONSET AND DEATH igned by PART I, DEATH WAS CAUSED BY: 1 IMMEDIATE CAUSE (a). signed burial-tr burial, a DUE TO Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES -NO K 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) I be detached for State Dept. of B 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) After After the Strange of the Stran Hour a.m. Not While at work at work certify that (I) this hospital) attended the deceased from that (I) (we) last OTRECTOR: Jage 3 should lied with the 1. and that death-occurred at M, from the capses and on the date stated above. saw the deceased alive on. 19fb 22b. DATE SIGNED SIGNATURE ATTENDING MED. Aug. 14th-1967 HOSPITAL FUNERAL 22d. ADDRESS TO FUNERAL director, p 22c. PHYSICIAN'S NAME (Type) James R. Snyder 916-19th St., N. W., BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME-OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) Suitland, Maryland Aug. 16th.67 Cedar Hill Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Bros.-1661-Good Hone Rd., SE VR A15 (4) Wash DC 20 M 1/65

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/ 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
	4	1386 CERTIFICATE OF DEATH				
within 24 haurs after death. ely filled in by the funeral bar papers. Pager I and 2		PLACE OF DEATH a. COUNTY D. CITY OR TOWN (If outside corporate limits, write RURAb and give nearest town) write RURAL and give gearest town) TREMBELL NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) RODAN DOLF RESIDENCE (Where deceosed lived, if institution Residence before admission) a. STATE CITY OR TOWN (If autside corporate limits, write RURAb and give nearest town) TREMBELL RODAN DOLF RODAN DOLF RESIDENCE ON A FARM? YES INCE				
cuted complete comple	5 100	NAME OF DECEASED (Type or print) SEX 6 FOLOR OR RACE WIDOWED DIVORCED DIVORCED TO BETH FUGUE B DATE OF BIRTH 9 AGE IN years OF DEATH FUGUE 1967 DIVORCED DIVORCED DIVORCED TO BETH FUGUE A Month Doy Year PAGE IN years IF UNDER 1 YEAR FUNDER 1 YEAR FUNDER 24 ARS Month Doy YEAR 1967 1975 Months Doys Hours Min USUAL OCCUPATION (Give kind of work done ne-most of working ide, even if retired) NDUSTRY NDUSTRY				
at the death certificate b the attending physician sit permit. Then please matian, or remaval, and i	13. 15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? S, no, or n. nknown) (If yes give wor or dotes of service) 18 CAUSE OF DEATH (Enter only one cause per line for G), (b), and (c)) 19 CAUSE OF DEATH (Enter only one cause per line for G), (b), and (c)) 10 CAUSE OF DEATH (Enter only one cause per line for G), (b), and (c)) 11 CAUSE OF DEATH (Enter only one cause per line for G), (b), and (c)) 12 INFORMANT Address Address AND CEATH WAS CAUSED BY AND CEATH WAS CAUSED BY				
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O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Healt	MEDICAL CERTIFICATION	20s ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE) 20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of the order of injury in Port 1 or Port II of item 18.) 20e PLACE OF INJURY (Home, form, factory, street, office bidg., etc.) 21. 1 certify that (I) (this haspital) Intended the decreased fram. 21. 1 certify that (I) (this haspital) Intended the decreased fram. 22. 1 certify that (I) (this haspital) Intended the decreased fram. 22. 1 certify that (I) (this haspital) Intended the decreased fram.				
TO HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		220. SIGNAPHE 220. SIGNAPHE M.D. ATTENDING MED. STAFF 225 DAIL SIGNED 221. PHYSICIAN'S DIRECTOR PHYS. C 225 DAIL SIGNED 222. PHYSICIAN'S NAME (Type) E Stuart Lyddane 223. SIGNAPHE M.D. ATTENDING MED. DIRECTOR PHYS. C 225 DAIL SIGNED 224. ADDRESS Q Street N. W. Wash., D.C.				
ro Hospital Page 4 may ro Funeral director, pag shauld be fi		BURIAL (REMATION, PEMOYAL (Specify) 8-29-67 Gate of Heaven Com. Silver Spring, Maryland				
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE ADDRESS Nalloy Funeral Home Mt. Rainier, Md. ADG 3 0 1967				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11391 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Prince Georges Prince Georges MARYLAND papers Pages/ Nih 72 hours affe b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hyattsville, Md. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 1 day Hyattsville, Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .5 d STREET ADDRESS ON A FARM? 2000 Van Buren Street Hvattsville Nursing Home YES NO KZ NAME OF Middle DATE Month Lost Doy Year DECEASED OF DEATH August (Type or print) Thomas C. Gardner Sr. 19 IF JNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH 70 vrs Months Hours burial, crematian, or removal, and in any WIDOWED DIVORCED ** Feb. 21, 1897 Caucasion Male and 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Richmond, Virginia Bur . of Printer Engr. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Bethel Ellen Edward Gardner Randork WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service Patricia A. Gardner 2000 Van Buren St. WAsh. 220-44-5439 No Yes signed by the o INTERVAL BETTEENC 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept of Health priar ta has been 19. WAS AUTOPS)
PERFORMED? PART II OTHER AIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO K certificate 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (County) (Stote) O FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldg, etc.) Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased from____ 1967, that (1) (we) lost director, page 3 shauld shauld be filed with the 7, and that death occurred at 4:00 PM, from coves and an the date stoted above 220 SIQNATUR 22b DATE SIGNED STAFF DIRECTOR M.D. NAME (Type) 23d LOCATION (City or Town) 23o. BURIAL, CREMATION DATE THEREO NAME OF CEMETERY OR CREMATORY 21/67 Fort Lincoln Con. Colmar Maner. Funera ladoress Mt. Rai nier 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2 VR A15 (4) 25M 1/67 Charlen Maryland DATEAUG 196



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11392 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased leved, if institution. Residence before admission) o. COUNTY PR. GEORGE MARYLAND b CIY OR TOWN (If outside corporate amits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours (write RURAL and give nearest town) Ξ d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) e IS RESIDENCE ON A FARM? filled YES NO 📈 NAME OF 4. DATE Lost Month Dov Year **c**6mpletely DECEASED (Type or print) OF DEATH 8 196/ S SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED AGE (In years lost birthday) Months Days Hours DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** RODD P.R 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, attending phys IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN and (c) signed by the burial-transit p PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove 1 rise to immediate couse (a), **DUE TO** stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending has been 19 WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPART TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 rlenocle NO TO FUNERAL DIRECTOR: After this certificate far 200 ACC DENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) MED Hour am factory, street, office bldg., etc.) While Not While ot work at work 21. I certify that (1) (this hospital) attended the deceased fram and that death occurred at 2.35 PM, from causes and on the date stated above saw the deceased alive an 22o. SIGNATURE DATE SIGNED ATTENDING STAFF director, page shauld be filed 22d ADDRESS 22r. PHYSICIAN NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY DATE THEREOF 23 d. LOCATION (City or Town) (County) (State) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 12 Richaely ANNADOLIS.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 11393 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) b DUNEY NEE O. COUNTY. o. STATE ely filled in by the full ban popers. Pages 1 c Within 72 hours after d III) MARYLAND c. LENGTH DE STAY IN 1b. c CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town b. CITY DR TOWN (If outside corporate limits write RURAL and give nearest town) Clinton SYEARS NS d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? filled 1 6015 Old NAME OF DECEASED (Type or pont) Middle 105 4. DATE Year remove texban completely OF DEATH Glotfeltv 8 19 67 Charles E I event I IF UNDER 24 HRS IF UNDER 1 YEAR 8. DATE DF BIRTH 9 AGE (In years S. SEX 6. CDLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours 10-7-07 Male Cauc WIDOWED DIVORCED ond in only oug 12 CITIZEN DE WHAT 100 USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) CDUNTRY? physicion (nen please INDUSTRY CARPENTER 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, ar removal, attending p 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) DNSET AND DEATH **burial-transit** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TD signed l Conditions, if ony, which gove " rise to immediate couse (o), DUE TO stoting the underlying cause by the hospital or attending the hos been WAS ALTDPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PHYSICIAN: The PERFORMED? NO this certificate Syan 20b. DESCRIBE HOW INJURY DCCURRED (Enter noture of injury in Port 1 or Port II of item 18) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20d INJURY DCCURRED 20e P.ACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME DF INJURY Month, Doy, Year foctory, street, office bldg., etc.) of work L_ at work 21. I certify that (1) (this haspital) attended the deceased fram 8 . 12 1967, to 8-17, 19 67 hat (1) (we) las TO FUNERAL DIRECTOR: A be retoined PM, fram couses and on the date stated obave __19 60, and that death accurred at 2 saw the deceased alive on # - 1 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS STAFF PHYS. DIRECTOR M.D 22d. ADDRESS 22c PHYSICIAN S 5116 Middleton Lane, Camp Springs, Md. NAME (Type) David N. Robb , M. D. 23c NAME OF CEMETERY DR CREMATDRY 23d. LDCATION (City or Town) 23b DATE THEREDE 230 BURIAL CREMATION, (County) BURIAL (Specify) 8/28/67 Mt. Nebo Cemetery Saltlick, Fayette, Penna 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Robert E. Wilhelm Futheral Home VR A15 (4) 25M 1/67 4308 Suitland Road, Suitland, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11382 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY PRINCE GEORGES o. STATEMARYLAND b COUNTY INCE GEORGES MARYLAND hin 72 haurs aft b. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) FORESTVILLE FORESTVILLE S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 5832 2nd AVENUE 5832 2nd AVENUE YES NO X NAME OF First Middle 4 DATE Month Lost Doy Year DECEASED OF JOSEPH CLAYTON GORDON AUGUST 9 19 67 (Type or pnnt) DEATH IF UNDER 1 YEAR comp S SEX 6 COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years reference ost birthdoy)
59 yrs Months WHITE JANUARY 25,1908 MALE WIDOWED DIVORCED Bug 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote or foreign country) COUNTRY? pleased during most of work in life, even if refired RETIRED US PARK POLICE physician yen pleased VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal VERNON GORDON ANNIE FERGUSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) SARA ELIZABETH GORDON SAME AS # 18 CAUSE OF DEATH (Enter only one couse per line for (v), (b), ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse certificate has been State Dept. of Health prior to WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? use NO 5 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form ((Ifv or town) (County) Not While foctory, street, office bldg, etc) OR ATTENDING ot work 1963, to Church , 1967, that (1) (we) last 21 I certify that (1) (this hospital) attended the deceased fram Invital should be filled with the 9354 M, from couses and on the date stated above. Z, and that death accurred at saw the deceased alive an_ 22b DATE SIGNED 220 SIGNAPURE DIRECTOR M.D 22c. PHYSICIAN'S 22d ADDRESS TO HOSPITAL TO FUNERAL NAME (Type) ROBERT F. DYER 915 19th STREET N.W. WASHINGTON D. C. 230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) RIPEMOVAL (Specify) 8/11/67 CEDAR HILL CEMETERY SUITLAND PRINCE GEORGES. 24 FUNERAL DIRECTOROBERT E. WILHELM FUNERAL HOME 2So REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67 Miarley AUG 4308 SUITLAND ROAD, SUITLAND, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 11395 CERTIFICATE OF DEATH uneral death. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) and PLACE DE DEATH b. COUNTY Prince Georges a. COUNTY Maryland Prince Georges MARYLAND c. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (foutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1D hours Seabrook 5 days Cheverly e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled ON A FARM? ND 🔼 Prince Georges General Hospital 9616 Van Buren Street YES completely executed within W. ve carbon event, with DATE Month Day NAME OF Middle Last DECEASED OF DEATH 1967 (Type or print) 25 C. Gose August James AGE (In years IF UNDER 1 YEAR) FUNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 6. CDLOR OR RACE DATE OF BIRTH and cor 7. MARRIED NEVER MARRIED any 83 8/3/84 White DIVORCED Male WIDOWED XX 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ng physician a COUNTRY? and Virginia US AL Retired farmer certificate 14. MOTHER'S MAIDEN NAME removal. 13. FATHER'S NAME Frances Shoemaker James B. Gose 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. been signed by the burial, cremation, or 0 (Yes, no, or unknown) (If yes give war or dates of service) that the death Jeanne Draughn Seabrook, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)/ and (c). L PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the 5 underlying cause last. certificate has 35 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES NO 17 the hospital 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) fred by of p PHYSICIAN: Dept. FUNERAL DIRECTOR: After this irector, page 3 should be detact (State) (County) MFDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc. be de State I Hour a.c. OR ATTENDING I 19 at work at work p.m. page 3 should filed with the S that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from A.M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. Aug. 25, 1967 DIRECTOR PHYS. ADDRESS PHYSICIAN TO FUNERAL director, pashould be fi 22c. NAME ATURA 7601 Riverdale Rd. Lanham, Maryland Harding, James 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR SREMATORY BURIAL, CREMATION. DATE THEREOF 23a. 23b. REMOVAL (Specify) Temple Hill Cemetery Castle Wood Virginia 29. 1967 Aug REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Hyattsville, Md. 24. FUNERAL DIRECTOR Gasch's Sons 1967 VR A15 (4) 15M 4-64



200	1	MARYLAND STATE DEPARTMENT OF HEALTH A DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
	로 등8년	11392 CERTIFICATE OF DEATH
	hours after death. d in by the funeral rs. Pages 1 and 2 thours affer death.	1. PLACE OF DEATH a. COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission as STATE Maryland Prince George
	by the Pages une att	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Clinton
	hou d in rs. 2 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC
	ithin 24 hours etely filled in by bon papers. Pawithin 72 hours	7540 Juliette Drive 7540 Juliette Drive VES No K
	aw requires that the death certificate be executed within tending physician. has been signed by the attending physician and completely is the burial-transit permit. Then please remove carbon prior to burial, cremation, or removal, and in any event, within	3. NAME OF First Middle Last 4. DAYE Month Day Year DECEASED (Type or print) Lillie M Graham DEATH August 19th 19 67
	d com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HE last birthday) Months Days Hours Mile
	an and c	Female White WIDOWED DIVORCED 3-9-1893 yrs. World Divorced 10a. USUAL OCCUPATION (Cive kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 110b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ysicia ysicia pleasi , and	House wife Wash, D.C. U.S.A.
	ifica g ph nen noval	A STREET TO THE STREET TO THE
	cert rem	James Grigsby Georgianna Hughes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	leath atte ermit on, or	(Yes, mo, er unkown) (If yes give war or dates of service) Anna Muller Same as # 2
	the d	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEE DNSET AND DEATH
	lat the control of th	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clerk can diac failure
	requires that the death certificate be ding physician. Been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and in the burial.	Conditions, If any, which) DUE TO Her her theresion Carding or screlar descare Seemed
	law requires that that that bas been signed be as the burial-tranf prior to burial, creative to burial, cr	gave rise to immediate cause (a), stating the DUE TD COLOR of the Colo
	IN: The late of th	Severe Diabetes Meelitzes YES NO [
	PHYSICIAN: The the hospital or a this certificate detached for use to Dept, of Health	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	≂≑†శ _ల	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work At work
	ATTENDING retained by CTOR: Aftel Should be vith the Star	21. I certify that (I) (this hospital) attended the deceased from which coursed at 1965, to way 1, 1967, that (I) (we) la saw the deceased alignorum of 1967 and that death occurred at M, from the causes and on the date stated above
	OR AT be ret JIRECT Se 3 sh ed with	22a. SIGNATURE 22b. DATE SICNED ATTENDING MED. STAFF 22b. DATE SICNED
		22c. PHYSICIAN'S DEPOS Anders 22d. ADDRESS 22d. ADDRESS 23 08 Overlage Park Rd fored on me
	O HOSPITAL Page 4 may O FUNERAL director, pa	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	H H	REMOVAL (Specify) 8-23-1967 Arlington Nat'l Fort Myer, Va. 24. FUNERAL DIRECTOR C ADDRESS 25a. REC'D BY REGISTRAR'S SICNATURE
	VR AI5 (4) 20M 1/65	Total a mattingly 131-15 Style Wash & Boat & Boat & 2 2 1967 yourses Judges
	20111 1/00	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11397 CERTIFICATE OF DEATH 1393 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b COUNTY Prince Georges o. COUNTY o STATE Prince Georges Maryland MARYLAND low requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate +mits, write RURAL and give nearest town) signed by the ottending physician and completely filled in by they burial-tronsit permit. They please remove carbon popers. Pages burial, cremation, or removal permit in any event, within 72 hours after the complete of the control C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 days8hr West Hyattsville. Riverdale. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 7001 Riggs Road Eugene Leland Memorial Hospital YES 🗀 NO X 3 NAME OF First Middle 4 DATE Month Уест Grant DECEASED (Type or print) Mary 1967 2 DEATH 9 AGE (In years last birthdoy) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED X 07/18/05 colored female 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY 2 USA during most of working life, even if retired) INDUSTRY Va. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jennie West Willie Bird IS. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Hospital Records 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c).)
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH CORONARY OCCLUSION IMMEDIATE CAUSE (o) DUE TO turosclusti H.D. Conditions if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or ottending 10 FUNERAL DIRECTOR: After this certificate has been os the WAS AUTOPS)
PERFORMED? PART II. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NERTH NO 200 ACC DENT WAS UNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour to.m. foctory, street, office bldg., etc.) ot work at work 21. 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an les and that death occurred at 64 M, from causes and on the date stoted obove. 22o. SIGNATURE 22b. DATE SIGNED M D DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 230 BUR AL, CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) WASHINGTON. D.C. BUR IAL 8/5/67 FT. LINCOLN CEMETERY 250 REC'D BY REGISTRAR 1967 25b 24' FUNERAL DIRECTOR VR A15 (4) 25M 1/67





	MARYLAND STATE DEPARTMENT OF HEALTH					
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	399				
1) /2 /2	11395 CERTIFICATE OF DEATH	.033				
est least	1 PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution Reside	nce before admission)				
5 2 2	IRINGE VECKGED MARYLAND PISTRICT OF COLDING BIA	·				
the the ages of the soft	b CITY OR TOWN (If outside corporate limits, write RURAL and grewints RRAL and give nearest Town)	ve nearest town)				
Taur P P	L VERY VALE I 2 MONTHS WITTHINGIN VICE	21,				
n 24 h	d NAME OF HOSPITAL OR INSTITUTION (II not in haspitol, give street oddress) d STREET ADDRESS 1213 (ARRELESIA & PLACE S.	e IS RES DENCE ON A FARM? YES NO				
law requires that the death certificate be executed within 24 haurs after death nding physician. been signed by the attending physician and campletely filled in by the functions of the burial-transit permit. Then please remave capan papers. Pages 1, and iar to burial, cremation, or remaval, and in any event, within 72 haurs after death	3. NAME OF DECEASED (Type or print) ALBERT (First Middle GRIMES SO DEATH	Day Year 19 6 7				
cutec ampi	S SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER					
exe hd o emo any	PIALE NEGAL WIDOWED LISEP DIVORCED LI 4118 18 49 yis. 4					
n general	during mask of working life, even if retired) INDUSTRY	ITIŽEN OF WHAT DUNTRY				
icate issue plea 1, an	13 FATHER NAME 14 MOTHER'S MAIDEN NAME	<u>(1)</u>				
phy nava	GENDGE GRIMES ANNA MAR WILLIAM	11 8				
ding ding	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address					
dec urthen ermi	NAYY 1937-3 UNINGWA DEGIVENT					
t the the sit pountion	18 CADSE OF DEATH (Enter only one cause per line (2), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) RECURRENT GREAT THROWS SUST	INTERVAL BETWEEN				
tha an. by tran	3.3.2 X Due to	- Tary				
ysici pred rial-	Canditions, if any, which gave 3	•				
requestion of the property of	rise to immediate cause (a). Due TO					
The law requires the attending physician, attending by bas been signed by se as the burial-traith priar to burial, cre	lost (c) VENVERACIZED TRIER (OSCIEROS/S	4NKNOWN/				
the atteller has has he as	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?				
ar are eath	DLD MYO (ARD) TAPACT ON PROVICE URINARY TRAFT INFOTE 200 ACCIDENT WAS UNDERLYING TO 100 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18)	YES 🔼 NO 🗌				
DING PHYSICIAN: The law ruby the hospital ar attending After this certificate has been be detached for use as the State Dept. af Health priar ta	© OR CONTRIBUTING □ CAUSE OF DEATH (If FITHER MATIES MEDICAL SYMMOD)					
PHY he ho this eract	Hour o'm. While - Not While - factory, street, office bidg, etc.)	unty) (State)				
by the fiter of state	off work Color of work Color	About (IV (see VI as				
R: A	21. I certify that (I) (this haspital) attended the deceased fram	, that (I) (we) last he date stated abave.				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar to	220. SIGNATURE M.D. ATTENDING MED STAFF 22b D PHYS D IRECTOR PHYS D	ATE SIGNED				
AL O	22c PHYSICIAN'S 22d ADDRESS 2.	Dans Als				
SPIT 4 m NER4 Itar,	712 1191, 4011	"(County)" (State)				
Page O FU direc	236 BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c (NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) FREMOVAL (Specify) 23d. LOCATION (City of Town)	me, (sidia)				
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR S					
25M 1/67	Johnson & Jerkin 4804 Hai Aus. New DATE AUG 25 1987 your	Las Just				



Ite: 16 Film 394 11-7-57MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11401 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY
Prince Georges Maryland Prince Georges completely filled in by the fur ove farbon popers. Pages 1 y event, Within 72 hours after MARYLAND b CFTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 4 hrs.25 mins Chapel Oaks Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM? Prince Georges General Hospital 1415-58th Ave. YES NO [3 NAME OF Middle Last 4. DATE Month Year DECEASED (Type or print) Harrison 28. 19 67 Leornard DEATH August NEVER MARRIED 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IE UNDER 24 BRS ottending physicion and compormit. Then pleose remove lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 68 Yrs Male Colored 1899 11. BIRTHPLACE (County & Stote or foreign country)
Mecklenburg Co.
Mecklenburg N.C. 10g JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life even if refired) INDUSTRY COUNTRY? U.S.A. Truck farmer Self 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal, Thomas Kistler Harrison Esther Spears 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) Girlever Ginyard None 5710 Oates St.N.E. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE TO by the hospital or attending physician DUE TO Cardiovascular Lines Conditions, if any, which gove rise to immediate cause (a). **DUE TO** stating the underlying cause PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS etached far use a Dept. of Health p PERFORMED? NO 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of moury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Hour o.m. foctory, street, office bldg., etc.) **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased from Aug. 28. 1967, to Aug. 28. 1967, that (1) last saw the deceased glive on Aug. 28, 1967, and that death accurred at 1:55 M from causes and on the date stated above. MED PM 220 SIGNATURE 22b DATE SIGNED augude m DIRECTOR PHYS XXX MID director, page should be filed 22d ADDRESS 22c PHYS CIAN'S O HOSPITAL TO FUNERAL NAME (Type) Tomas Hernandez, M. D. Prince Georges General Hospital 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Poge (County) (State) REMOVAL (Specify) 7601 Sheriff Rd.N.E. Md Harmony MEMORIAL Park Buria ADDRESS 2So REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTS 909 6th St.N.W. 1967

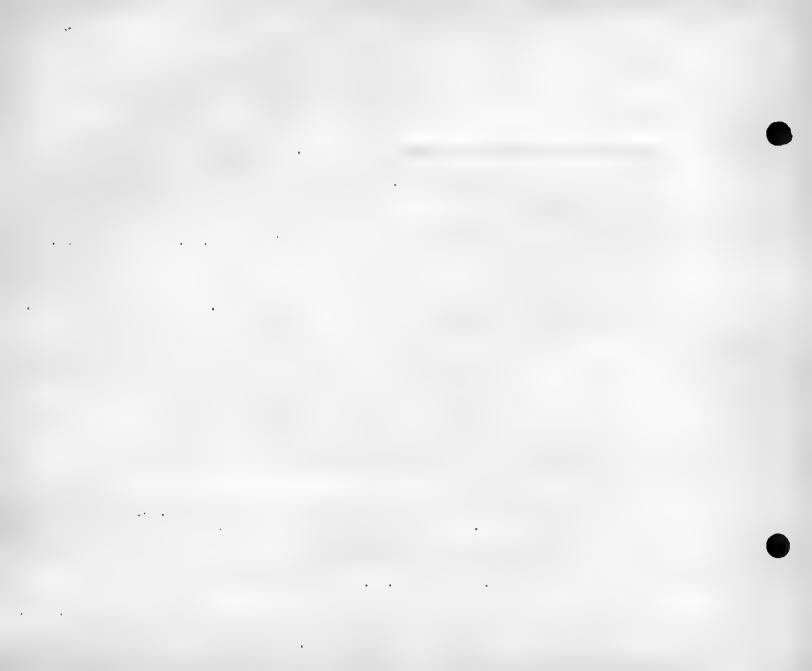
Usi

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11403 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Prince George
6 CITY OR TOWN (If outside corporate limits, ofter MARYLAND Mar land Frince George c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) born papers. Pag. within 72 hours o write RURAL and give nearest town) Riverdale College Park d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE d. STREET ADDRESS ON A FARM? Eugene Island Memorial Hospital YES NO 9309 Baltimore Ave 3. NAME OF Middle DATE Last Year or bor DECEASED (Type or print) DEATH 19 the attending physician and camp sit permit. Then please remave SEX 6 COLOR OR RACE 9. AGE (In years IF JNDER YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** DATE OF BIRTH (ast birthday) Months Hours Female 2-22-84 White M ar remayal, and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Mar: land HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levpoldt. Christo her ANNIF 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO **INFORMANT** (Yes, no, or unknown) (If yes give wor or dotes of service) burial, crematian, IB. CAUSE OF DEATH (Enter only one couse per language PART | DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH signed by t IMMEDIATE CAUSE (6) DUE 10 Conditions, if only, which gove (b) rise to immediate couse (o), DUE TO stating the underlying couse attending as the this certificate has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USE Health NO the haspital ar jo 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING I CAUSE OF DEATH detached of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. 3 shauld be det I with the State D While Not While ot work at work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an and that death accurred at A M. fram couses and an the date stated above 22a. SIGNATURE 22b DATE SIGNI **ATTENDING** director, page 3 shauld be filed v M.D DURFCTOR PHYS 22c. PHYSICIAN S ADDRESS Page 4 may NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF OCATION (City or Town (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR REC D BY REGISTRAR

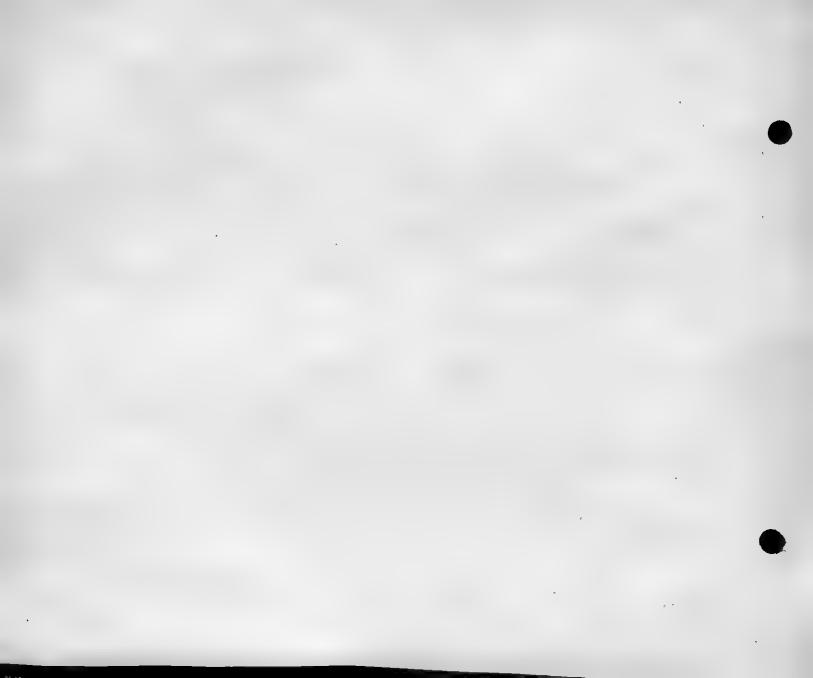


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11404 CERTIFICATE OF DEATH 7 6(11) PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death uneral 1) and eleath PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince Georges o STATE b. COUNTY MARYLAND Maryland Prince Georges b CITY OR TOWN (If outside carparate limits, write RUBAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 Cheverly 10 days Brandywine and rampletely filled in b remave carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Prince Georges General Hospital Rt. #2, Box 227 YES NO [NAME OF Middle 4. DATE First Manth Day DECEASED (Type or print) 19 67 August DEATH Louise H111 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9, AGE (In years 7. MARRIED X **NEVER MARRIED** birthday) Months Hours 10/4/04 female colored WIDOWED DIVORCED 16a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
Matron 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT y the attending physician ar ansit permit. Then please a industry School COUNTRY? Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Edith Jackson George Gray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) (If yes give war or dates at service) Miss Catherine E. Hill - Brandywine, Md. No None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY.

Metastati ONSET AND DEATH Metastatic carcinoma, terminal IMMEDIATE CAUSE (o) DUE TO Carcinoma of the Uterus 10 years Canditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse detached far use as the te Dept. of Health priar ta 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this Hour 'a m. factory, street, office bldg., etc.) Not While ot wark at work 21. I certify that (1) (this haspital) attended the deceased from July 24, 1967, to Aug. 3, 1967, that (1) (we) last sow the deceased olive, on Aug. 3, 1967, and that death occurred of 10:45 M, from causes and on the date stated above. TO HOSPITAL OR ATTEND Page 4 may be retained sow the deceosed olive, on Aug. 3. 22a, SIGNATURE 226 DATE SIGNED MED. AM STAFF DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Hrince Georges General Hospital NAME (Type) William B. Gunther, M. D. 23c NAME OF CEMETERY OR CREMATORY
Forest Hill Cemetery 23b DATE THEREOF 23a. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) Clinton, Maryland Pr. Geo. C TEMOVAL (Specify) Aug-8-1967 24. FUNERAL DIRECTOR FEMALE / HOUSES 12th Street, N. 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 🦠



1	1	[]	MARYLAND STATE DEPARTMENT OF HEALTH	
X	10	1,3	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	MARYLAND
. 16	funeral	13	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions	
12 ST	fune	147	a. COUNTY b. COUNTY St.	ate:
hours	by the and 2 death.	3	b. CITY OR TOWN (if outside corporate limits.	LAND nd give nearest town;
24	4 a 5	· 3	ANDREWS AF BASE CAMP SPRINGS	1
4	Pages aff	14	d. NAME OF HOSPITAL OR INSTITUTION (II not In hospital, give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
		3	USAF HOSPITAL ANDREWS 5710 Davis Boulevard	YES NO BE
n the	単端で	1	3. NAME OF first Middle Last 4. DATE Month OF	Dey Year
Xe	omipl hin		(Type of print) JOSEPH CHARLES HIGGINS DEATH AUGUST	24 1967
99	and cor carbon at, within	2	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthday) Months	Days Hours Min.
9		~	MALE CAU WIDOWED N DIVORCED 6 February 1918 49 yrs. 100. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CI.	TIZEN OF WHAT COUNTRY?
Tific	Ehyricia e remove any ever	1	dona during most of working life, even if retired)	
80	e rem	7	LAWYER RETIRED MILITARY NEW YORK, NY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
death certificate	Then please oval, and in a		EDWARD LAWRENCE HIGGINS ADELINE LOUISE VOSBURGH	
9	on F	7	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 672 E 234 Addass (Yes, no, or unkown) ((Tyes give wor or dates of service)	
ie ie		4	YES Brother Brony NY 10466	
	- E	[]	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTÉRVAL BETWEEN ONSET AND DEATH
require	D 4 2	1	IMMEDIATE CAUSE (6) SHOCK	
2.7	are been signed I burial-transit per ial, cremation, or	1	C First I Y DUE TO	
<u> </u>	ist-tr		Conditions, if eny, which gave rise to immediate cause	
투	has b has b e bur irial,	2/2	(a), stating the underlying DUE TO cause last. (c) DIABETES MELLITIS	
HE CO	후	0 1	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	
Į,	certifica r use as prior to		The state of the s	YES NO K
IYS ho	is certiff for use h prior		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Port I or Port II of Iom 18) OR CONTRIBUTING CAUSE OF DEATH OR (IF-ELIDER, NOTIFY MEDICAL EXAMINER)	_
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NI	속한다	3		unity) (Stete)
TTENDIN	9 3	3	p m. 19 et work et work	
TI	H	B	21. (certify that (K (this hospital) attended the deceased from 24. August 19.6.7 to 24. August 19	
KÇ K	한 한 다	3	saw the deceased alive on24 Aug.us.t196.7, and that death occurred a8.2.30, from the causes and on	the date stated above, 22b, DATE
C.	TA _{CO} e	3	folie J. lindella M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. *	24 Aug 67
TAI	Page with the	12	22d ADDRESS FLOAT IT	rews
HOSPITAL	director, page be filed with the	1 3	JOHN F. LINDEMAN, CAPT USAF MC Andrews AFB, Wash	
SH.	FUNI FORDA Filled	E	23 AUDAD CREMATION 1236. DAYE THEREOF . 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	(Stete)
0.5	နှင့်နှင့်	30	Lecenter BUN 8/28/6 (LONG ISLAND NATIONAL	NEWY ORK
	R A1S (4)		Sign I fam. I fam. I fam.	
1	5M 7/61		Jos. Sawler Sonsche 3/30 wise of 1. W. SEP 1 1967 goliarl	on Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11406 11402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAN I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finstitution Residence before admission) o. COUNTY n STATE Poge Prince George 0 5 Virgin ia MARY, AND delay tote Deportment b CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) gud Vi enna DOA Suit land d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS IS RESIDENCE ON A FARM? form 9116 Leesburg Pike in Item 18 Give Lages Andrews Air Base Hospital NO EX hours ofter death NAME OF Midd e . ost 4 DATE Month Day Year OF DECEASED. 67 Hitchcock Windsor Erri c (Type or print) Medical Examiner's Office olong poges lond2 with IF UNDER 24 HRS S SEX B DATE OF BIRTH 9 AGE (n years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED tustybirthdoy) Months Dovs Hours 20 Jan., within 72 hours after deoth. WIDOWED 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) .NDUSTRY D. C. be executed within 24 Student 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME in pencil Dal Hitchcock Mildred Houmiller permit. File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, nq. or unknown) (If yes give wor or dotes of service) pending" #2D Dal Hitchcock - Father INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) Chief / burrol-tronsit PART ! DEATH WAS CAUSED BY ONSET AND DEATH dry event Laceration of brain IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO the Minutes Trauma-Auto accident Conditions, if only, which gove rise to immediate couse (a), be forworded to ≘ DUE TO stating the underlying couse puc 19 WAS AUTOPSY PERFORMED? be used or removol, PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) the certificote, NO 200 EXTERNAL CAUSE WAS PR MARY FOR CONTRIBUTING 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 1B) 3 should 4 should Passenger in car involved in collision. CAUSE OF DEATH cremotion, 20d NJURY OCCURRED o 20e PLACE OF INJURY (Home form, 20f (City or town) 20c TME OF N.JRY Month Dov. Year (County) (Stote) Cedarville Rd. Brandywine, of work Not While While Not While P.G. Md . DIRECTOR: Page 11:00 pm 8-12-6719 Inquiry 7 21. I certify that I taak charge of the remains described above, held an Autopsy [1], Inspection [29] and in my apinion Notural causes Accident Suicide Hamicide Undetermined manner geoth resulted from funerol director be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 8-13-67 Prince George Wery MEDICAL EXAMINER X ohn Kehoe, M.D., **EXAMINER'S** Address (Street, city, town, or county) MOY NAME (Type) 234 IDEAT ON (City or Town) 23" NAME OF EMETERY OR CREMATORY 59 Georgetown Med. School Washington, D. 8-13-67 250 REC D BY REG STRAR 25b REG STRAR S SIGNATURE FUNSKAL D RECTOR VR ATSME DATEAUG 6M 1762



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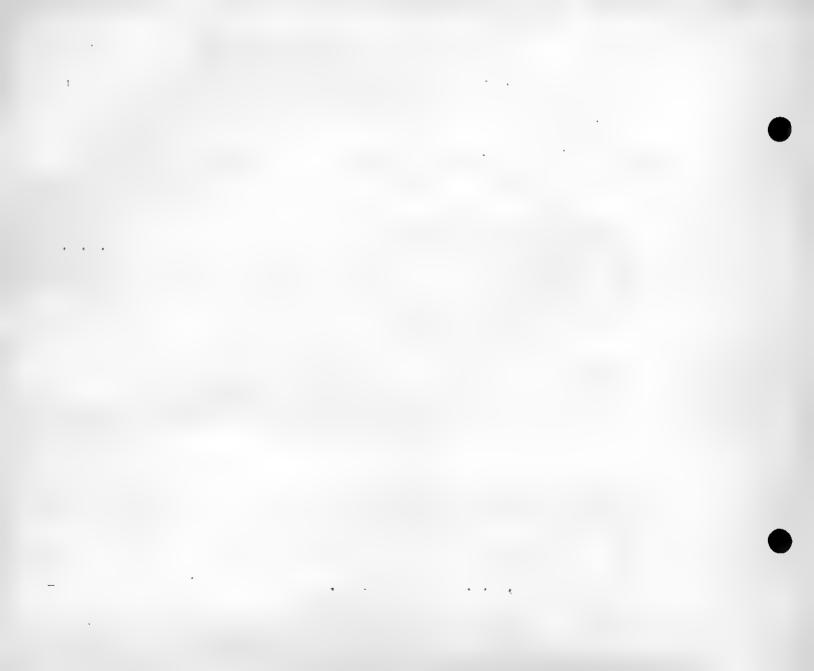


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HOSPITAL Cash. Page FUNERAL sector, page 3: filed with the	22c PHYSICIAN'S NAME (Typo) Tepry A	Wise Dr. 205 VOLTASO,	Lanham, kd.
P P P B B VR A1S (4)	230. BURIAL CREMATION, 265 DATE THEREOF LEADER OF THE REMOVAL (Specify) 8/34/1/24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS 3 ON - 12 st. 12250 REC'D BY REGISTRAR 256	- md.
15M 7,61	1 hours Tunional 14	one wach we orsep 5 1967	plantes Judge

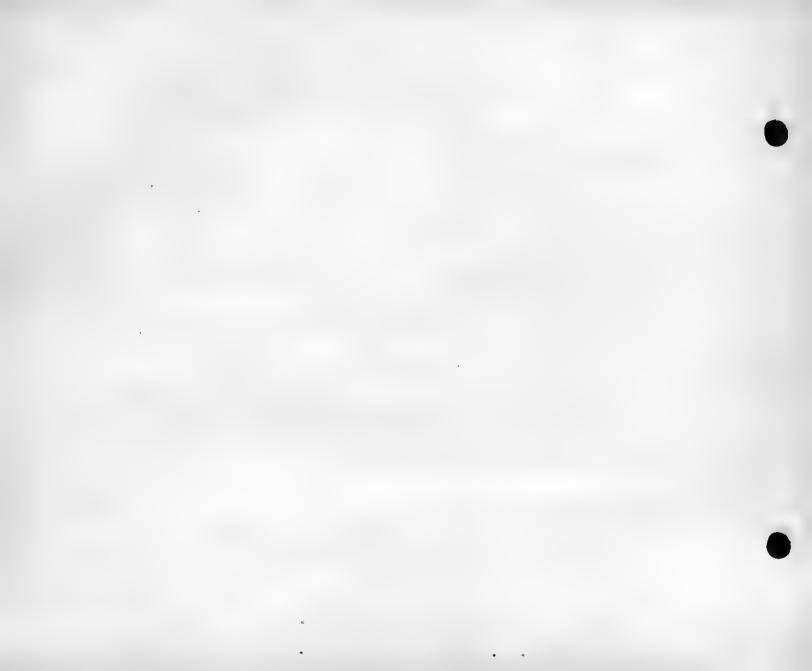


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o DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to buriol, cremo		EXAMINER'S NAME Type) John Kehoe, M.D. Riverdale, Md. DEPUTY MEDICAL EXAMI		8-4-67
o o med o o o o o o o o o o o o o o o o o o o	230	BUR A' CREMATION / 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d	LOCAT ON (City or Town	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH



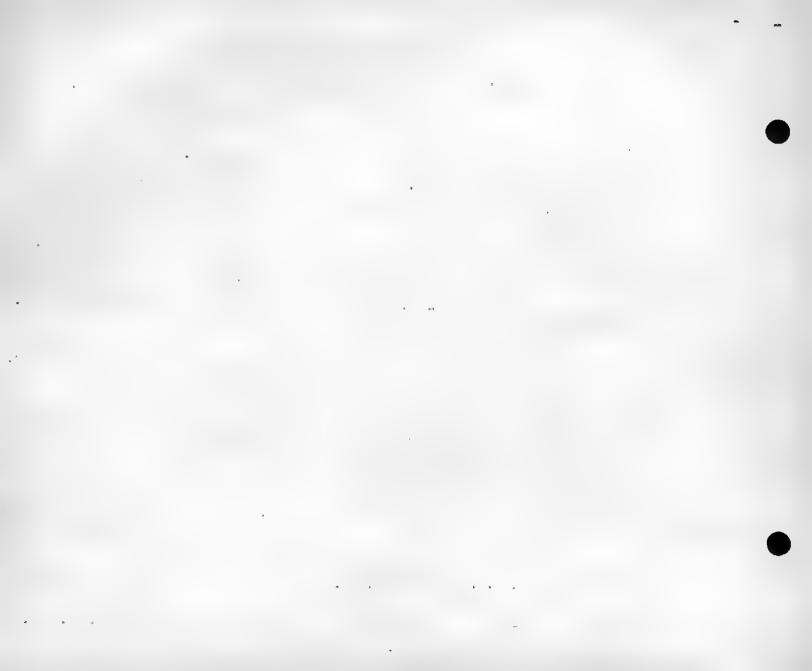
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t. of He	PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part Lar Port II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part Lar Port II of item 18.)
state Dept. of Healt	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f (City or town) (County) (State)
e	21. I certify that (R (this haspital) attended the deceased fram 7 Jul , 19 67, to 6 Aug , 19 67 that 1) (we) last saw the deceased alive an 6 Aug 19 67 and that death accurred at 2:43 M, from causes and an the date stated above
page 3 shaul se filed with th	220 SIGNATURE M.D. PHYS DIRECTOR DIRECTOR STAFF (2b). DATE SIGNED 6 August 67
d be fill	22c PHYSICIAN'S NAME (Type) IRA A. GOULD, CAPT USAF MC 22d. ADDRESS USAF Hospital Andrews AFB Wash DC 20331
shauld be	236 BURIAL (REMATION, REMOVAL (Specify) 236 NAME OF CEMETERY OR CREMATORY 8/10/67 Arlington Nat. Cem. 23d LOCATION (Gry or Town) (County) (Store) Virginia
director, page 3 shauld should be filed with the	24. FUNERAL DIRECTOR Clauser Same Success ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE PAILS Church, VR. DATAUG 11 1967 Charles Success



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11411 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY n STATE b. COUNTY 2, and 3 to PM3. Poge Prince George's

b CITY OR TOWN (If autside carparate limits,
write RURAL and give nearest tawn) Maryland Prince George's
c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 16 Cheverly DOA
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) DOA Hvattsville IS RES DENCE ON A FARM? Item 18 Give Poges YES NO 138 3825 Hamilton St. Prince George General Hospital This certificate should be executed within 24 hours often death NAME OF Middle lost 4 DATE Month Day DECEASED (Type or print) Hurd DEATH James IF JNDER 1 YEAR S SEX 6 COLOR OR RACE 8 DATE OF BURTH AGE (In years 7 MARR ED NEVER MARRIED lost birthdov) Months Dovs DEWOORW D VORCED Office (White 29 July 1919 Male 11 BiRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** Virginia U. S. please execute the certificate, writing the word "pending" in pencil in I director Page 4 should be forwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ony event within 72 hours Henry Hurd Cora Smith IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Same as Item 2. 16 SOCIAL SECURITY NO 17 INFORMANT Wife (Yes, no, or unknown) (If yes give wor or dates of service) 236-09-8121 Dorothy May Hurd 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) Coronary artery occlusion Arteriosclerotic heart disease over 4 yrs. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER S.GNIFICANT COND.TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) or removol, Myocardial infarction - 1963 YES X NO F 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of mury in Port Lor Port Lof Item 181) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form 20f (Cty or town) 20d INJURY OCCURRED (County) (Stote) 20c I.ME OF INJURY Month, Doy, Year foctory, street, office bldg., etc) Not While moy be retained for your FUNERAL DIRECTOR: Poge ot work 21. I certify that I taak charge of the remains described above held on Autopsy 🕵 , Inspection 🕵 , Inquiry 😸 and in my opinian Natural couses X Modent . Suic de . death resulted frame. Hamicide Indetermined manner 5 moy be retaine TO FUNERAL DIRE Heafth prior ta b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Kehoe, M.D. Riverdale, Md. 8-3-67 Address (Street, city, town, or county) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMAT O 23b DATE THEREOF Burial 250 RECD BY REG STRAR 256 REGISTRAR S SIGNATURE 8-5-67 Highland Mem. Park 24 FUNERAL DIRECTOR VR A15ME (5) PUMPHREY, Bethesda, Maryland 1967 Villaylan Judges 6M 1/67

MARYIAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11412 2. USUAL RESIDENCE (Where deceased leved, if institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY m. STATE PRINCE GEORGES MARYLAND MARYLAND PRINCE GEORGES c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits write RURAL and give nearast town) HILLCREST HEIGHTS ANDREWS AF BASE 3_{davs} a 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? YES NO 2600 AFTON ST USAF HOSPITAL ANDREWS Yeer NAME OF Midd n Month DECEASED OF DEATH 1967 (Type or print) JOHANSEN AUGUST MARCELINA AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months Deys Hours DIVORCED [WIDOWED T 16 Jan FEMALE 10a. USUAL OCCUPATION [Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (County & Stele, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) San Juan, Puerto Rico USA HOUSEWIFE 13. FATHER'S NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17 INFORMANT Address (Yes no, or unkown) | (Ifyesg vewerordetesofservice) Carolyn Sonnemamm Same as #2 Daughter INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARDIAC ARREST **DUE TO** (b) SEVERE PULMONARY INSUFFICIENCY Conditions if env. which gave rise to immediate cause DUE TO (e), stating the underlying (c) POST OP INTESTINAL OBSTRUCTION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 CERTIFICATION PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part if of Itam 18.) 208 ACCIDENT WAS UNDERLYING THE OR CONTRIBUTING CAUSE OF DEATH (County) (State) 20f. (City or town) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While MEDI et work at work saw the deceased alive on2.3...Aug... ...19...6 7, and that death occured atM, from the causes and on the date stated above 1250PM 22a_ SIGNATURE 51GNED ATTENDING MED. death. Page 4

FUNERAL
rector, page 3 DIRECTOR PHYS. PHYS. Aug 67 Nam 1 22d. ADDRESS USAF Hospital Andrews PHYS C AN S NAME (Type) FRANK A. CAMP, MAJ, USAF MC Andrews AFB, Wash DC 20331 (Stele) 23d. LOCATION (City, lown or county) 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) ÷ 5 8 Arlington National Cemetery Arlington, Virginia 8/28/67 24 FUNERAL DIRECTOR'S SIGNATURE RObert E. Wilhelm Funeral Home 258, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNAL VR A15 (4) 4308 Suitland Road, Suitland, Maryland ISM 7:61

S ou

certificate

death

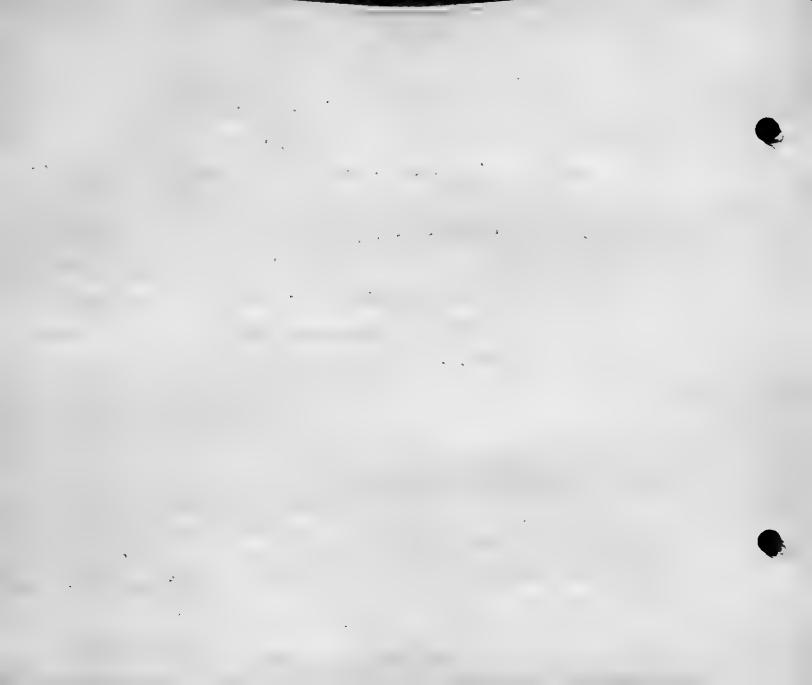
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11409 CERTIFICATE OF DEATH 11413 death requires that the death certificate be executed within 24 hours after death and funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY id in by the functions. Pages 1 c. 72 hours after d Prince Georges MARYLAND -VIRGINIA b. CITY OR TOWN (If outside carparate limits) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give negrest tawn) d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) completely filled NAME OF DATE DECEASED (Type or pont) DEATH AUGUS SEX 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 24 HRS **NEVER MARRIED** remove lost birthdoy) Months Dovs Hours ond in any WIDOWED DIVORCED ond 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) physician o during most of working ite, even if retired)
Clerk-Treasuary COUNTRY? Gov!t 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phy or removo Edna A. Spencer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates af service RHusband same as above cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY tronsit signed by t burial trons buriol, crem IMMEDIATE CAUSE IO by the hospitol ar ottending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO ficate has been s for use as the b Health priar to b stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? NO O FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH etoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Haur a.m. factory, street, affice bida, etc.) Not While at work af work 21 I certify that (I) (this hospital) attended the deceased fram be-retained and that death accurred at 229AM, from causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS director, page 3 should be filed v M.D D RECTOR 22d. 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREOF 23d 10CATION (City or Town) (Stafe) REMOYAL (Specify) Cedar Hill Cemetery Frince Georges Co. 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 14th St.

G

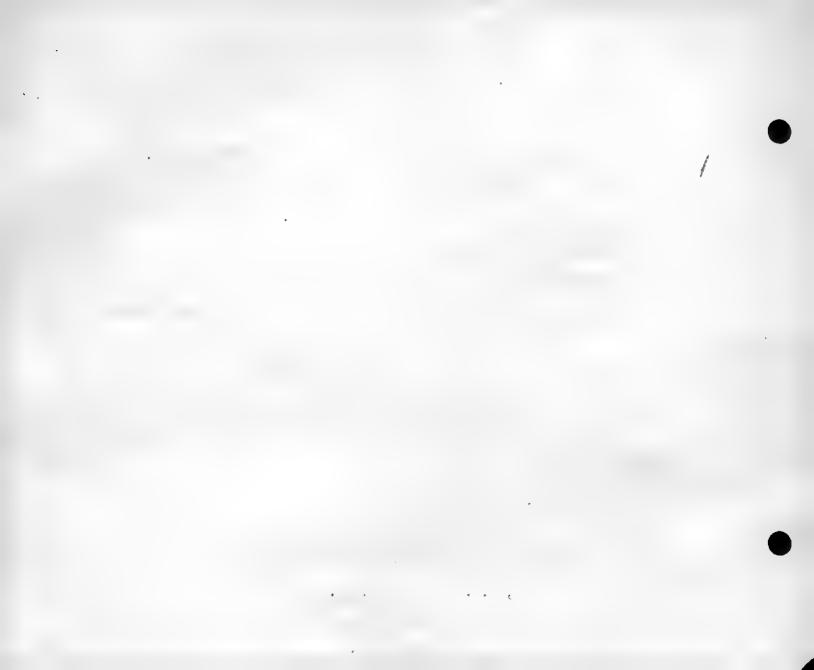
	MARYLAND STATE DEPARTMENT OF MEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
_	CERTIFICATE OF DEATH	
1.	PLACE OF DEATH o. COUNTY o. STATE b.	
		PRINCE Georges
	b. CITY OR TOWN (if outside corporate I m is, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c CHTY OR TOWN (if outside corporate limit write RURAL and give neerest town)	·
-	d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	1 0, 15 RESIDENCE
	2501 LAKE AUE 5317 (hesa pex)	KCR - YES NO 1
3	NAME OF DECERSED (Type or print) LASE LAVING NEME RECENT DEATH A	Month Dey Yeer
5	SEX 16 COLOR OF RACE T MADDIED THE NEVED MADDIED [] 8. DATE OF BIRTH 9. AGE IT	
	F White WIDOWED D VORCED 1) ec 9 (90) (35	yrs. Deys Hours Min.
	Da. USUAL OCCUPATION (Give kind of work look SIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stete, or foreign clone during most of working life, even if refired)	ountry) 12. CITIZEN OF WHAT COUNTRY?
_	CLEAKTYPIST TUPLICHEALIS EXPORT) A	- 45 FT
ľ	Obedia HIII- AND VELLE	Thompson
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT	Address
] ((es, no, or unknown) (Ifyesgivewerordalesofservice) 173-16-7856dAR4hTer Mas Mic	dued 1) aquette
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GARCIND MA TO573	1/2/11/2
	Conditions, I any, which) (b) CARCINOMA OF COLO	2 /2 VAS
	geve rise to immediate couse	9/2/1-
	(e), stelling the underlying DUE TO	
3		ON GIVEN N PART 1(a) 19. WAS AUTOPSY PERFORMED?
CATI		YES NO Z
CEDTICIOATI	20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW NURY OCCURED, (Enter nature of injury in Pert I or Pert I of Item.) OR CONTRIBUTING CAUSE OF DEATH	18.)
MICHICAL A) (Stefe)
	Hour e.m. While Not While fectory, street, office bldg., etc.)	
1	21. 1 certify that (I) (this hospital) attended the deceased from	13 19.(e. That (1) (we) last
	saw the deceased alive on 8. 1.13	auses and on the date stated above.
	220. SIGNATURE ATTENDING MED STAF	22b. DATE
		1/13/67_
	22c. PHISICIAN'S NORMAN DONA! (OMEAN 3503/enny	ST MT RAINIERM
107	30. BUR AL, CREMAT ON, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
-	Burial aug 16,1967 Hills Chueh Cenetery Franklin	1/2
12	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ACCOUNTS SIGNATURE ADDRESS ADDRES	Thanks Judge
1 =	Just Date Doyallante Matt DATE AUG 10 1001	
	1	



1/		Items 18 & 21 MARYLAND STATE DEPARTMENT OF HEALTH
1		与主を型6巻395 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	FOR STANK	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	HEALTH DEPT	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)
	ay s 3 to Page	O COUNTY Prince George's MARY, AND Maryland Prince George's
	delay and 3 A3. Pa	b (ITY OR TOWN (foutside corporate mits, c LENGTH OF STAY IN 1b c C TY OR TOWN (If outside corporate limits, write RURA, and give nearest town)
	y delay 2, and 3 PM3. Pa	write RURAL ond give neorest town) Cheverly DOA Landover
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
	= 7 5/ 3 \97	Prince George General Hospital 4127 Warner Avenue
	after death 18 3 Give Pages alang with far	3 NAME OF First Middle Lost 4 DATE Month Doy Year
	wi Pe de	OF (Type or print) Steve Curtis Knighton DEATH 8 11 19 67
	after 8 Giv alang alang	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
	s d 18 18 18 2 w 2 w	Male White WIDOWED DIVORCED 25 July 1967 yrs 17
	with n 24 haurs penal in Item II aminer's Office le pages I and 2 v naurs after death	100 USUAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT
	24 to the first of the second street of the second	MARYLAND
	thin 24 nich in niner's pages urs afte	13. FATHER'S NAME
	l with n pen Exam File p	STEVE CURTIS KNIGHTON JUDITH D. FAY
	ld be executed with n 24 haurs or pendi in Item 18 Chief Medical Examiner's Office or itansit permit. File pages land 2 vevent within 72 haurs after death	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of serv ce) 16 SOC A. SECUR TY NO STEVE C KNIGHTON Address AS #2
	xecuted nding" H Nedical permit.	NO /XONI
	exe Me Me t pe	1B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) NET AND DEATH ONSET AND DEATH
	shauld be en ward 'pe a the Chief bur'al-transit any event	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hemorrhagic pulmonary edema, dilateral, severe
	rard re C re C al-tr	Conditions if only which cove) DUE TO Etiology undetermined
	ficate shauling the warded ta the as a burial and in any	the following the course (a)
	ate a th a th a th d m	stoting the underlying course Due to SD17
		1051
	this certificate, writted be farwar	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PREFORMED?
	This cate, be fa	PRIFORMED? YES X NO 206 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH AUGUST OF DEATH
	4 7 2 4	□ PRIMARY □ or CONTRIBUTING □
	EXAMINER: 1 whe the certific age 4 shauld by your files. Page 3 shauld cremot an, ar r	CAUSE OF DEATH 20r TIME OF IN. RY Month Day Year 20d IN. RY OCCURRED 20e P.ACE OF IN. RY (Home form 20f (City or lown) (County) (Stote)
	₹ + + + = 0	Hour om While Not While foctory, street, affice bldg etc.)
	L EXAMINER ecute the cer Page 4 shau ar yaur files. Rr. Page 3 shault, cremat an,	pin . Olwork - Olwork -
		21. I certify that I taak Marge of the remains described above, he d an Autapsy , Inspection , Inquiry , and in my apinion
4	se exector. Formed for burnal	death resulted from Matural causes Accident , Suicide , Homicide , Undetermined manner
•	MEDIC. p ease e l director retained DIRECT DIRECT	ACTUAL ACTUAL ACCURATION OF A SYMMET 22 DATE SIGNED
	Y, p rial e re rior	DEPUTY MEDICAL EXAMINER
	DEPUTY MEDIC ecessary, p ease te funeral direct may be retained FUNERAL DIREC	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 8-11-67
	o DEPUTY MEDICA necessary, p ease ex the funeral director. 5 may be retained in 0 FUNERAL DIRECTO Health prior to bung	230 BUR AL, CREMA, ON 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMAJORY 23d .OCATION (C ty or Town) (County) (Stote)
	5 = = V 5 = V	RURIAND 8-12-1967 WASHINGTON NATIONAL SUITLAND MARYLAND
	20	24 FLNERAL D RECIDES 250 REC D BY REGISTRAR 25B REGISTRAR S.G. MATURE
	VR A15ME (5)	W.W. CHAMBERS CO. RIVERDALE, MD, DATE AUG 14 1967 Guarles Jung

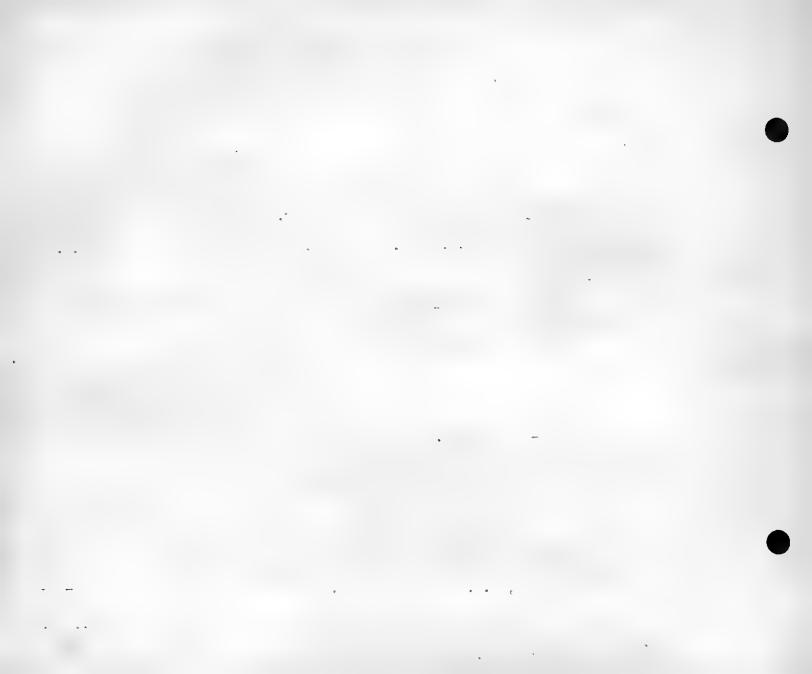


	MAKYLAND STATE DEPARTMENT OF HEALTH
7	DIVISION OF VITAL RECORDS, 301 W. PRESION STIFFY BATTMORE, MARYLAND 21201 11412 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1 6	41/19 Items #9,13,15 & 17 Film #6393 10/2/07 pa
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
WENTEN DEDT	1-31-V
HEALIN BELL	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 5. COUNTY 5. COUNTY 6. STATE 7. COUNTY
of Je to	Prince George's MARYLAND Maryland Prince George's
5m2 =-	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
f any delay is 1, 2, and 3 to mm PM3 Page	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
PM3 PM3	Cheverly 44 Days New Carrollton
5 CY L	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM?
E-E B-	
hin 24 hours ofter deoth Indi in Item 18. Give Pages niner's Office olong with fail poges Lond 2 with the Stote urs ofter death.	Prince George General Hospital 7600 Fontainebleau Dr. YES NO D
The state of the s	3 NAME OF First Middle Last 4. DATE Month Day Year
de will will be	DECEASED OF
ng ng	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR)
with off	Last buthday) Manths Days Hours Min
18 18 18 19 18 19 18	Female White WIDOWED DIVORCED 8 Aug. 1882 /84 85 yrs. Manths Days Hours Min
dec and firm ou	Tog USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT
-=0 2 %	during most of working life, even if retired) INDUSTRY Indiana. (COUNTRY?
ris ris	Todsewife own nome
in i	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
HE HE DO	Henry Kholyporhalus Grapperhaus Josephine William Temmerman
× 4 × 5 × 5	
pa., le	New particular and (Of the course was an electrical)
age age age	(18s, no, or unknown) (11 yes give wor or doles of service) 270 05 9342B Albert J Morthaus New Carrollton, Md.
This certificate should be executed within 24 hours ofter death cate, writing the word "pending" in pencil in Item 18. Give Pages be forwarded to the Ch'ef Med col Examiner's Office olong with It be used as a burial-tronsit permit. File pages lond 2 with the State removal, and in any event within 72 hours ofter death.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
should be e te word "per to the Ch'ef I burtal-tronsit	DADT I DEATH WAS CALLEST DV
9 :	IMMEDIATE CAUSE (a) Heart failure
orce of the state	OUE TO And cerebral artery insufficiency
5 ≥ ± 5 (i	Conditions, if ony, which gove (b) From generalized arteriosclerosis
to the first of th	rise to immediate couse (u), (his to
ficate s ing the rded to as a bi and in	stating the underlying couse
ifica ting irdec as and	last. (c)
wo wo ol,	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED?
for the same of th	Frankling of left him
INER: This certing certing the certificate, write should be forwal files. 3 should be used than, or removal,	Fracture of left hip 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 201 CAUSE OF DEATH 202 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH FOR THE PRIMARY OF DEATH FOR THE PRIMARY OF DEATH FOR THE PRIMARY OF THE
	PRIMARY To CONTRIBUTING A
S. Collins	CAUSE OF DEATH Fell at home
AL EXAMINER: execute the cert for Page 4 should if for your files. TOR: Page 3 should rial, cremation, or	20c TIME OF INJURY Month Day Year 20d N.LRY OCCURRED P.ACE OF INJURY (Home form 20f (City or town) (County) (State)
E # 4 ra a la	AM pm 6-27- 19 67 at wark at work work work the same as #2
XAM Jre th ge 4 your Page	AM PM 0-2/- 'O/ orwark of Home Same as #2
Page 1	21 I certify that I taok charge of the remains described above, held an Autapsy 🔲 , Inspection 😿 , Inquiry 😿 , and in my opini
se executor Portor Poned for ECTOR:	death resulted fram: Maral causes, Artident & Suicide Homicide Undetermined manner
E se ot se	CHIEF MEDICAL EXAMINER
MED direct direct bulker bulker to b	ACTUAL 20 DAYE CICHE
	SIGNATURE ASSISTANT MEDICAL EXAMINER
UTY MEDICA ory, please e sero director be retained RAL DIRECT	EXAMINER'S DEPUTY MFDICAL EXAMINER
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If a necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the functor Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the State Delete the prior to burial, cremation, or removal, and in any event within 72 hours ofter death.	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 8-21-67
E G G	23a BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF EMETERY OR CONTROL (County) (State)
0 0 = 5 0 E	
TO DEPUT necessory the fune 5 moy b TO FUNER Heo th p	buries and 25, 1907 decided Memorial and
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 2SO REC'D BY REGISTRAR 2SD REGISTRAR'S SIGNATURE
6M 1/67	F. Gasch's Sons Hyattsville, Md. DATE AUG 24 1967 Actionles Judge





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11419 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT./ PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finishtatian Residence before odmissia COUNTY 2, and 3 to PM3. Page o STATE b COUNTY σŧ Prince George's MARYLAND Marvland Anne Arundel State Department b CTY OR TOWN (If autside corparate I mits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 write RURAL and give nearest town) DOA Cheverly Laurel d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? Office alang with farm Prince George General Hospital in Item 18. Give Pages 3303 Sudlersville South NO Sc 3 NAME OF M dd e First Lost 4 DATE Manth DECEASED OF DEATH Wallace Lee 7 MARRIED X IF UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years NEVER MARRIED last birthday) Manths any event within 72 hours after death. WIDOWED DIVORCED 26 Aug. 1912 White be executed within 24 haurs Male 10g USUAL OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during mast of working the even it retired)
Retired Crief Comm. St. Louis, Missouri
14. MOTHER'S MAIDEN NAME d "pending" in pencil in Chief Medical Examiner's 13 FATHER S NAME William W. Lee 17 INFORMANT 15 WAS DECEASED EVER IN US ARMED FORCES? 16 SOC AL SECURITY NO 3303 Sudlersville South (Yes, no, or unknown) (fyes give wor or dotes of service) Martha Ann Lee 577-36-2355 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Heart failure minutes e, writing the ward farwarded ta the Ch DUE TO Arteriosclerotic heart disease over 2 yrs. Conditions, if ony, which gove use to immediate cause (a). DHE TO stoting the underlying cause PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIIQ) 9 WAS AUTOPSY CERTIFICATION PERFORMED? NO IK Diabetes - over 7 VY'S. 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Part I of item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20f (City or fown) 20c I.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY [Home, form (County) Haur o.m. Not While factory, street, office bldg, etc.) at wark 21. I certify that I taok charge of the remains described above, held an Autopsy nspection x Inquiry 😿 , and in my opinion Natoral causes X / Accident Suicide . Hamicide Undetermined manner death resulted frame CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED 5 may be reto TO FUNERAL DI Health priar t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type John Kehoe, M.D. Riverdale, Md. 8-16-67 Address (Street, city town ar county) 23c NAME OF CEMETERY OR CREMATORY 23d COCATION " by a Tow of Port Lincoln Cemetery Prince Georges Co 250 RECD BY REC JEAR AUG 18 Clar Cartis 8434 Georgia Avenue VR A 15ME (5) 6M 1/67 Inc. Silver Spring. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STALE, VYNYYY b. COUNTY Prince 24 hours after George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Months Washington, DC .Ξ pers. 72 hr d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 102- Brandywine Place S.W. Pine View Gardens Nursing Home NOTE YES executed within 3. NAME OF First DATE Middle Last DECEASED MARIE M. XXX LEUKHARDT (Type or print) 19 67 DEATH August 2nd 5. SEX ACE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Female WIDOWED XXX DIVORCED [Nov. 10th.1890 6 attending physician a ermit. Then please re and in 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be Washington. DC. Housewife Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick R. Brill Eva M. Unk. 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT transit permit. 16. SOCIAL SECURITY NO. Address (Yes, No, or unkown) | (If yes give war or dates of service) George I. Rhine (Son same 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by the the burial-transit or to burial, cramati INTERVAL BETWEEN requires that the **DNSET AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. DUE TO Cenditions, if any, which gave rise to Immediate has been as the b cause (a), stating the underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO X YES [this cerum detached fo PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While director, page 3 should be d should be filed with the State at work at work 1964 to 000, 2, 1967, that (i) (we) last men 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1.200M, from the causes and on the date stated above. saw the deceased alive on_ 1967 22a. SICNATURE 22b. DATE SICNED MED. STAFF PHYS. I . Francis Aug. 2nd.1967 M.D. O HOSPITAL 22c. PHYSICIAN'S ADDRESS NAME (Type) Joseph F. Weber Ave. SE. Wash. DC. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOGATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) Washington, DC Glenwood Cemeterv Buria REC'D BY RECISTRAR | 25b. RECISTRAR'S SIGNATURE **MENERAL DIRECTOR** 1661- Gd. Hope Road SE. Wash. DC VR AL5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11418 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 11421 EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functioning Residence before admission) a COUNTY o STATE b COUNTY Prince George Prince George MARY AND delay b C.TY OR TOWN (If outside corporate I mits, write RURAL and give marest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b guo 6 hrs. Bladensburg d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e. S RESIDENCE ON A FARM? 4003 5kst St. Prince George General Hospital please execute the certificate, writing the ward "pending" in pencul in Item 18. Give Pages director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with far NO 5 3 NAME OF Middle 4 DATE Manth Day DECEASED 0F (Type or print) Emerson Harold Lewis DEATH 7 MARRIED X lost birthdoy) F UNDER 1 YEAR | IF ... NOFR 24 HRS 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH Months Dovs and in any event within 72 haurs after death. WIDOWED DIVORCED 7 Sept 1917 1) BIRTHPLACE (State or fare an country) 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUS NESS OR 12 CITIZEN OF WHAT during most of working life, even frehred)
Unemployed INDUSTRY West Virginia **GOUSTRY** 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME This cert ficate should be executed with n Walter Lewis Lora Bailey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates of service) 236 10 9190 17. INFORMANT Address Gladvs Lewis Bladensburg. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY ZHSETH NO DEATH Salicylate intoxication IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause crematian, or remaval, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTÓPSY PERFORMED? NO [20c EXTERNAL CAUSE WAS PRIMARY EL OF CONTRIBUTING 20b DESCRIBE HOW N.JRY OCCURRED (Enter nature of injury in Part I at Part I af Item 18) 3 shauld t CAUSE OF DEATH Took overdose of aspirin for headache. MEDICAL 20e PLACE OF INJURY (Home, form 20c. TIME OF IN. JRY Manth, Day, Year 20f. (City or town) (State) factory, street affice bldg etc.)
Home While at work & FUNERAL DIRECTOR: Page Same as #2 8-4-67pm a.m & p.m 21. I certify that I tack charge of the remains described above held an Autapsy , Inspection 🕱 Inquiry 🕱 and in my apinion Natural Causes 1, Accident Suicide 1, Hamicide Undetermined manner death resulted fram CHIEF MEDICAL EXAM NER ACTUAL TO FUNERAL DI Health priar to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY MEDICAL EXAMINER 8-5-67 **EXAMINER'S** Riverdale ohn Kehoe, M.D., Address (Street, city, town, ar county) NAME (Type) 236 DATE THEREOF Aug 6, 1967 23c NAME OF CEMETERY OR CREMATORY
Tyree Funeral llome Oak HillFayetteCo 230 BURIAL (REMATION (County. Remova 1 West Va 24 FUNERAL D REGIOR 2So. REC D BY REGISTRAR F. Gasch's Sons VR A 15ME (5) Hyattsville, Md. 6M 1767 DATE

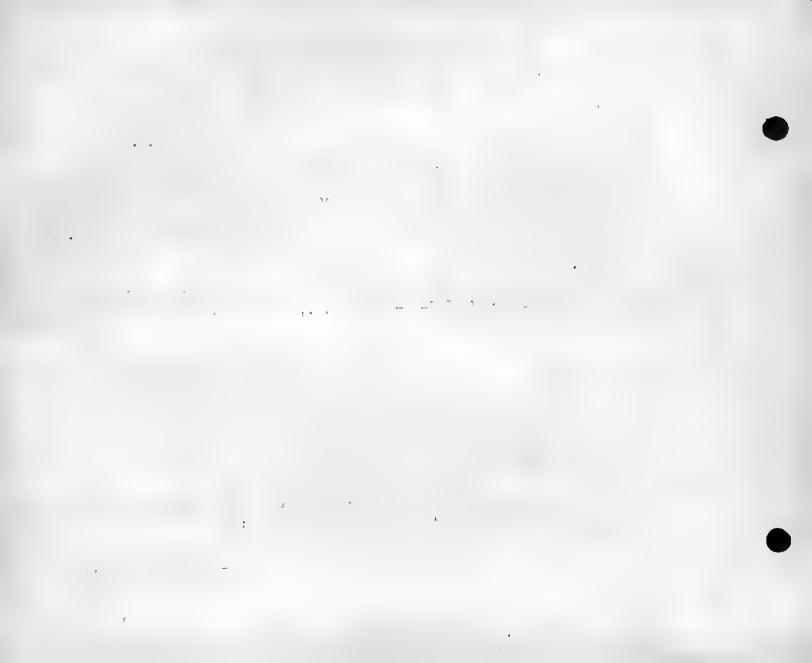


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1142211417 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY Maryland b. COUNTY Prince Georges Prince George MARYLAND b. CITY OR TOWN (If auts de corparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c, CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft 6 days Takoma Park Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENO .⊑ papers. vent, within 72 ON A FARM filled Prince Georges General Hospital 7401 Flower Avenue YES NO and completely fil Temové carban p Middle 4 DATE First Day Year DECEASED (Type or print) Louise Lowe DEATH SEX IF UNDER I YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (in years NEVER MARRIED Manths Hours Mar. 22.1924 and in any Sep DIVORCED Female White WIDOWED 10g USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? S. Georgia Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar removal, Unknown Everett Hurt IS WAS DECEASED EVER IN U.S. ARMED FORCES? 610 Dakennedy Drive 16. SOCIAL SECURITY NO. 17. INFORMANT Mother permit. (Yes, no, or unknown) (If yes give war or dotes of service Chevy Chase, Md. Mrs. E.R. Hurt No 18. CAUSE OF DEATH (Enter only one cause per June for (a), (b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH beover onlar accellent IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) nse to immediate cause (o). DUE TO stating the underlying cause the the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUTION GIVEN IN PART (c) SATION State Dept. of Health NO XX YES After this certificate ğ 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (County) (Stote) Havr a.m. Nat While factory, street, affice bldg., etc.) at wark at work pe 21. I certify that (this hospital) attended the deceased from July 28, 1967, to Aug. 3, 1967, that (t) (we) last 1967 and that death occurred at 7.07PM, from couses and on the date stated above. DIRECTOR: saw the deceased olive on Aug. 22b DATE SIGNED 22a SIGNATURE Aug. 4,1967 **EX** DIRECTOR PHYS. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) William B. Gunther, M. D. Prince Georges General Hospital 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) B 13 PEMOVAh (Specify) Parklawn Cemetery Rockville, Maryland 8-5-67 0 25b REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) DATE AUG 25M 1/II7



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11413 11423 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b COUNTY Prince George's Maryland Prince George's MARYLAND b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURA, and give nearest tawn) write RURAL and give negrest town) 8/8/67 to8/9/\$7 Hillcrest Heights. Maryland d STREET ADDRESS d NAME OF HOSPIAL OR INSTITUTION III not un hospital give current oddress nter e IS RESIDENCE ON A FARM? 2431 Iverson Street YES NO X 20735 Stuart Lane, Clinton. NAME OF Middle DATE Lost 16° August & DECEASED 0F Loy Rose (Type or print) i d DEATH SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED remove 9 70ast birthday) Manths 12/15/1894 Days Hours White and in any Female WIDOWED XX DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 13 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT physician a ien please i during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? USA Washington, D.C 14. MOTHER'S MAIDEN NAME 13 EATHER'S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Kathern Flarighty Michael Hagan attending p 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, pa, or unknown) (If yes give war or dates of service) Pine View Gardens . Clinton, Maryland 578-10-5655-CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 7 8 YES NO. 2Do ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 2Dc T ME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (County) Haur a.m. factory, street, affice bldg., etc.) Nat While at work at work FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. 17 - 8 __, 1962, that (I) (we) last 8-16 Page 4 may be retained M, from couses and on the date stated above 1967, and that death accurred at [] saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED DHRECTOR directar, page shauld be filed 22c PHYSICIAN'S 22d ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) BILLIA (Specify) 8/19/67 Ft. Lincoln Cemetery Prince Georges. Maryland 0 250 REC'D BY REGISTRAR 367 256. 24 FUNERAL DIRECTOROBERT E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Maryland





DIVISION OF STATISTICAL R	ESEARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARY	LAND
11490	CERTIFICATI	OF DEATH	24	128
b. CITY OR TOWN (if outside corporete limits write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	e. STATE Maryland c. CITY OR TOWN (If outside corp Hyattsville,	b. COUNTY Pro Geo orete limits, write RURAL end give	orge's
d. NAME OF HOSPITAL OR INSTITUTION (II		d. STREET ADDRESS 3807 65th ave	nue,.	on a farm
3. NAME OF DECEASED (Type or print)	ODORE M	AGROGAN 4. DATE OF DEATH 8. DATE OF BIRTH 9.	. AGE (In years IF UNDER 1 YEAR	0 1967
male White 100. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED	Aug 8, 1967 RY II. BIRTHPLACE [County & State, or	lest birthdey) Months Days	<u> </u>
done during most of working life, even if retired none 13. FATHER'S NAME Theodore J. Maj		Maryland Pro (A
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes give were or dates of set IN O 1B. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest. (c)	ice) 16. SOCIAL SECURITY NO. 17. none The auso per lipe for (e), (b), end (c).	endore J. Hagrogan whome disented (6 www.	Hyattsville, Mo	NTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITI		OT RELATED TO THE TERMINAL DISEASE (PERFORMED?
20c. TIME OF INJURY Month, Dey, Year Hour e.m. 19	20d. INJURY OCCURRED 20e. PL While Not While et work et work	ACE OF INJURY (Home, ferm, 20f. (City street, office bldg., etc.)	or fown) (County)	(State)
21. I certify that (1) (this hospital saw the deceased alive on	1019.67., and tha	death occurred at 53,4M, from ATTENDING MED. PHYS. DIRECTOR DIREC	STAFF Aug	
REMOVAL (Specify) Burial Aug 11,		ven Cemetery Wheato	on Montgomery	Md.
	vattsville, Md.	DATE AUG 1	1 1967 John Sign	es Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH nours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH a. COUNTY **b** COUNTY MARYLAND popers. Pages 1 In 72 hours after C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outs de carparate limits. give nearest town) month in by IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS campletely filled NURS: 10G Home 2010 NO 7 requires that the death certificate be executed within 3 NAME OF DATE Day Year carbon eyent, wit DECEASED OF 1967 (Type or print) DEATH 1F UNDER 24 HRS 9 AGE (In years IF JINDER NEVER MARRIED 7 MARRIED remove last, birthday) Haurs 20,18 n any WIDOWED DIVORCED and 10b KIND OF BUSINESS OR 10a LISUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY burial, cremation, or removal, and VIRGINIA HIGH SChoo Chief Econnee - Western 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mcartor 17 INFORMANT 16. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, ar unknown) (If yes give war ar dotes of service 2010 Ft. Dours St SS INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY sign∎d by the **GNSFT AND DEATH** burial-transit IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO 10 Sclerosis Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) HO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Haur o.m. Not While at work TO FUNERAL DIRECTOR: After fram 1764, 19 to 22 and 1967, that (1) (we) last and that death accurred at 10.50M, fram causes and an the date stated above. 21. I certify that (I) (this haspital) attended the deceased fram. 19 67 saw the deceased alive an_ aua 31 22b. DATE SIGNED 22o. SIGNATURE 23-1967 M.D PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMFTERY OR CREMATORY 23da LOCATION (City or Town) (County) (State) 23b. DATE THEREOF FUNERAL DIRECTOR



	I.	em 18 Film 397 2-14-6 MARYEAND STATE DEP	PARTMENT OF HEALTH	
A CONTRACTOR OF THE PARTY OF TH		DIVISION OF VITAL RECORDS, 301 W. PREST		
FOR STATE		#1420 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1427
HEALTH DEPT.	1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased Eved of institution Residi	ence betare admission)
¥ ₽ €		a COUNTY Prince George's MARYLAND	o STATE Maryland Prince Ge	eorgels
delay		Prince George's MARYLAND b CTY OR TOWN (If outside corporate I m'ts, write RURAL and give nearest town) c LENGTH OF STAY N 1b	c CITY OR TOWN (if autside corporate limits, write RLRAL and g	ive nearest town)
de de		Cheverly DOA	Beltsville	
500		Cheverly DOA d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address)	d STREET ADDRESS	e IS RES DENCE
Pages 1, state		Prince George General Hospital	10704 Montgomery Road	ON A FARM? YES NO Sc
24 haurs after death I in item 18. Give Pages r's Office along with-for ss land2 with the State rifter death.		NAME OF First Middle	Last 4 DATE Manth	Day Year
de Me Me		OFCEASED (Type or print) John Rae Mc	Gown Sr DEATH 8	9 19 67
ffer Giv ang	S		8 DATE OF BIRTH 9 AGE (n years FUNDE	R 1 YEAR IF JNDER 24 HRS
2 × 0 18.0		Male_ White WIDOWED DIVORCED	18 Aug. 1904 62 yrs Manths	Days Hours Min
em em Hiro	1De	LSUAL OCCUPATION (Give x nd of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
s o o s o	du	rehitect UNDUSTRY UNDUSTRY	Scotland	COUNTRYS A
cil i		FATHER S NAME	14. MOTHER'S MAIDEN NAME	
ornith e p	L	Archiebald K. Mc Gown	Mary Laird	
ed v	15	a true of the contract of the	INFORMANT Address	
cute dica firmit	Ĺī	s no, or unknown) (If yes give war or dotes of service 050 07 7830 Jo	hn R Mc Gown Beltsville,	Md.
MINER: This certificate shauld be executed within 24 haurs after de the certificate, writing the ward "pending" in pencil in Item 18. Give P 4 shauld be farwarded to the Chief Medical Examiner's Office along wir files. In files. 3 shauld be used as a burial-transit permit. File pages land2 with the ation, or remayal, and in any event within 72 haurs after death.		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)		INTERVAL BETWEEN
". pe ". pe ansi		PART I DEATH WAS CAUSED BY: /// 2 IMMEDIATE CAUSE (a) Metastatic carcino	ma.	over 18 mo.
outd e Cl		740 X DUE TO		20
sha w e th urio		Conditions, fany, which gave neet a smirred at a carci	noma of floor of mouth	18 mos
o to		stating the underlying couse DUE TO		
firate fing t rided os o		lost (c)		
cal Examiner: This certificate, writi- tie execute the certificate, writi- tar Page 4 shauld be farwar and far your files. ECTOR: Page 3 shauld be used burial, cremation, ar remayal,	13	PART I OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)	9 WAS AUTOPSY PEF ORMED?
his arte, or for the formal or for the formal or formal or for the formal or	S			YES X NO
INER: This e certificate, should be filles. 3 should be as should be trian, or remore	MED CAL CERTIFICATION	2Do EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH	(Enter nature of injury in Part I or Part I of item 18)	
EXAMINER: ute the certi age 4 shauld your files. Page 3 shau cremation, a	AL C			
MIN the strain attention	8	20c T ME OF NJJRY Month, Day, Year 2Dd 1NJRY OCCLRRED 2De P.J. Hour am White Nat White	ACE OF INJURY (Hame form, 2Df (City or town) (City, street, affice bidg, etc.)	Lounty) (State)
ecute ecute Page ar you R: Page I, crem	≥	pm. 19 atwark atwark		
Mercal EXA please execute director Page estained far you DIRECTOR: Page		21 I certify that I took charge of the remains described above h		
ttar ttar		death resulted from. Natoral couses 🔀 Accident 🗀, Sui	ıcıde 🔲, Hamıc de 🔝, Undetermined manner [
		ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
AL I		SIGNATURE	M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	20012
DEPUTY MELLAL EXAM scessary, please execute the e funeral director Page 4 may be retained for your FUNERAL DIRECTOR: Page		EXAMINER'S John Kehoe, M.D. Riverdale, Md	Address (Street city town or county)	8-10-67
TO DEPUTY Mencessary, ple the funeral dia 5 may be rest to FUNERAL DIA Hea'sh priar it	23	BURIAL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR		
5 g = 25 g		REMOVAL GOSCO Aug 14, 1967 George Washi	ington 23d LOCATION (City or Town) Hyattsville Pro	(County) (State)
M. Assertation	2	FUNERAL D REGIOR ADDRESS	AId. 250 RECD BY REGISTRAR 250 PECES PARS	SGNATURE
VR A15ME (5) (2)		F. Gasch's Sons Hyattsville,	DAYAUG 1 5 1967	and hand



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11423 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Prince Georges o STATE b. COUNTY signed by the attending physicion ond completely filled in by the fall burial-transit permit. Then please remove carbon papers. Pages 1 burial, cremation, or removal, ond in any event, within 72 hours after MARYLAND Mary land Prince Georges requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, Cheverly and give neorest town) C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURA; and give nearest town) 4 hrs.6 mins New Carrollton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM Prince Georges General Hespital 5410-85th Ave. YES No [3 NAME OF Middle 4. DATE First Lost DECEASED (Type or print) Baby Boy McGregor DEATH S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGF (In years IF UNDER I YEAR JNDFR 24 HRS 7. MARRIED NEVER MARRIED ** lost birthdov) Months Hours White :Male WIDOWED DIVORCED T Aug. 30,1967 100 LSJAL OCCUPATION (Give kind of work done 1). BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? Cheverly, P.G. Co. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME William McGregor Sharon Marie Smith WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse hos been see as the l attending WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES DE NO by the hospital or O FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [20b -DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or fawn) (County) (Stote) Hour 'o.m. factory, street, office bldg., etc.) Not While at work at work 21 I certify that (I) (this baseled) attended the deceased from Aug. 30, 1967, to Aug. 30, 1967, that (I) (was) last Page 4 moy be retained director, page 3 should should be filed with the saw the deceased elive an Aug. 30. 19 67, and that death accurred at 10.45% fram causes and an the date stated above. 22n. SIGNATURE 225. DATE SIGNED MED PM STAFF M.D DIRECTOR 22d ADDRESS Manuel Porres. M. C. NAME (Type) 6315 Landover Rd. Landover, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BURIAL, CREMATION, 226 DATE THEREO (Stote) REMOVAL (Specify) Cremation Maryland Prince George's Gen. Hosp. Che Cheverly 24 FUNERAL DIRECTOR 255. REGISTRAR'S SIGNATURE Charten Judge VR A15 (4) DATESEP 156 Cheverly, Md. Penn, Jr., Admin. 25M 1/67

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SIB

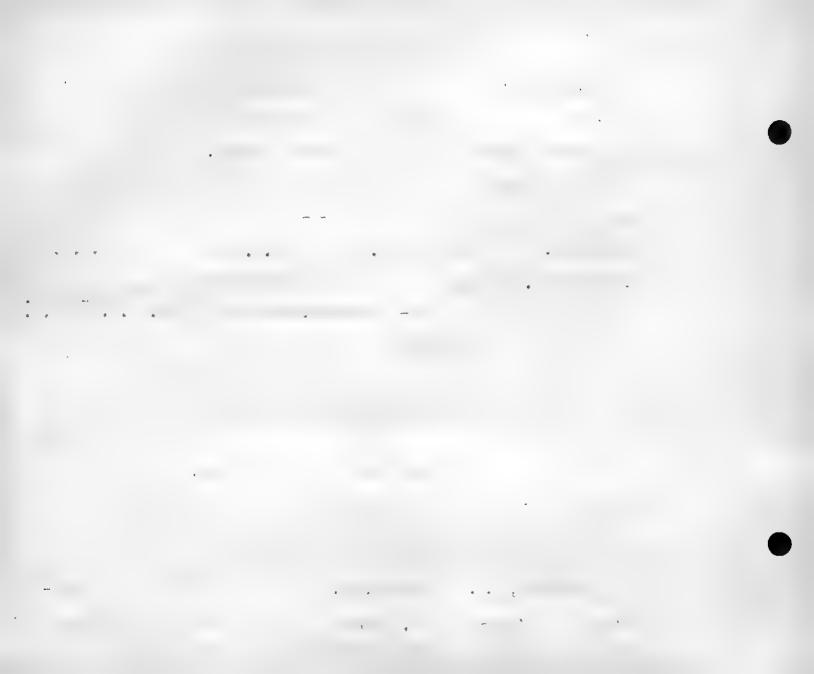
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, finishitation, Residence before admission) p. COUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND. b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 10 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 days Suitland Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwerded to the Chief Medical Exominer's Office along with farm 4627 Lewis Ave. Prince George General Hospital NO X NAME OF 4 DATE DECEASED (Type or print) McIntyre Frank DEATH 7 MARRIED TO 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years NEVER MARR ED lost birthdoy) Months in any event within 72 hours ofter death. WIDOWED White D VORCED -7-1908 100 USUA. OCCUPATION (Give kind of work done during most of working fe, even if retred)

Credit Mgr

13 FATHER S NAME 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT 10b K ND OF BUSINESS OR **NDUSTRY** COUNTRY? Cox oil 14 MOTHER S MAIDEN NAME Gertrude Fallon 17 INFORMANT 2109 AdStitland Ter. (Yes, no, or unknown) (If yes give wor or dates of service) 091-05-7318Ludwika McIntyre Wash. D.C. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Laceration of brain DUE TO Skull fracture days Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse 19 WAS AUTOPS PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO THE 200 EXTERNAL TAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port I or Port I of tem IB) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH Fell down steps at apartment house.
20d INJURY OCCURRED | 20e PLACE OF NJURY (Home form | 20f (City or town)) B 20r TIME OF INJURY Month Doy Year foctory, street, office bldg., etc.) Not While 7-28- 19 67 While of work work Home same as #2 21 Certify that taak charge of the remains described above, held an Autapsy Inspection x Inquity x. and in my opinian Addent X Suicide . death resulted framing Natural causes Undetermined manner Hamicide | CHIEF MEDICAL EXAMINER Hearth prior to ACTUAL 22 DATE SIGNED ASSISTANT MED CA, EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John/Kehoe, M.D. Riverdale, Md. Address (Street, city town or county) 23c NAME OF TEMETERY OR CREMATORY he 23b DATE THEREOF 23d TOCATION (City / Town) Staten Island Richmond DATE AUG 14 VR A15ME (5) 6M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 22431 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a deceased lived, if it is not a deceased lived, if it is not a deceased lived lived lived. a COUNTY MARYLAND Maryland Prince Georges MRXXRXKORKEX b CITY OR TOWN (If autside corporate limits, r LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) 8 days Mt. Rainier Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 4206 Kaywood Drive Prince Georges General Hosmital NO DC Carbon Ant. with 3 NAME OF 4 DATE First Middle Last Month Day Year DECEASED (Type or print) Meldrum Andrew Aug. 1967 DEATH S. SEX 6 COLOR OR RACE 9. AGE in years IF UNDER TYEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED X B. DATE OF BIRTH 66 birthday) and in any eve Manths Days 10 /14/1900 WIDOWED DIVORCED White Male 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY ? Scotland Belgium Embassy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, Thomas Meldrum WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service) none Catherine Grabo Hvattsville. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) by the hospital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause RTERIO SCLERATIC HEART ‡ PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPS' PERFORMED? YES F O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING LE CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from Victor 19.0 / that (1) (we) last 1967, and that death occurred at M, fram causes and an the date stated above. saw the deceased alive an Clus 22a SIGNATURE 22b. DATE SIGNED DIRECTOR 22c, PHYSICIAN'S NAME (Type) Samuel J. N. Sugar, M. 4637 Eastern Ave., Washington 18, D.C 23a BJRIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) (County) 8, 1967 Nid. Suitland Cedar Hill Cemetery Pro Geo Burial 250 REC'D BY REGISTRAR ADDRESS 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Nd. 1967 DATE

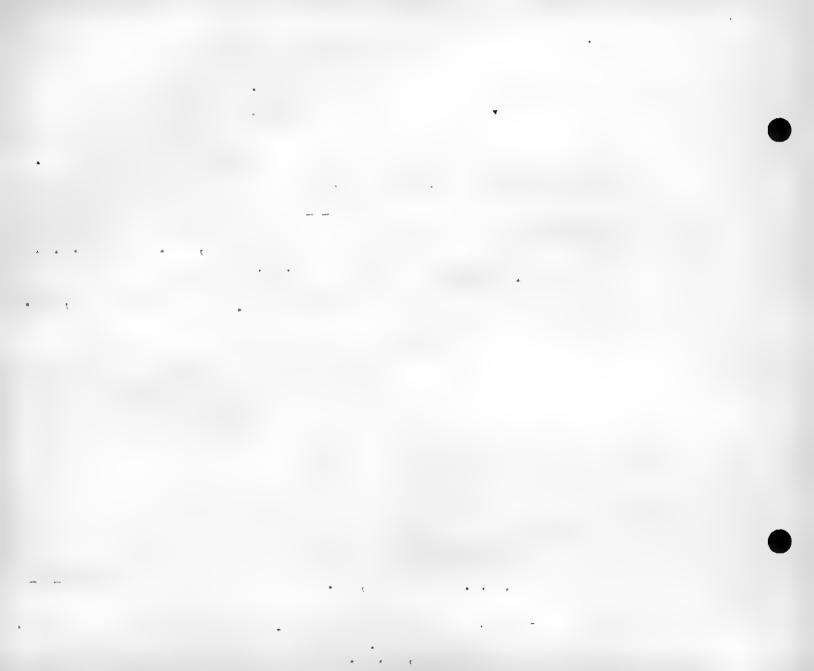


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11432 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH COUNTY o. STATE **b** COUNTY .s p Prince George's

b CITY OR TOWN (1) auts de corporate limits
write RURAL and give neorest town) MARYLAND Penna. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn). DOA Turbotville Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. S RESIDENCE ON A FARM? e, writing the ward "pending" in pencil in Item 18 Give Pilges 1, forwarded to the Chief Medical Examiner's Office along with farm YES NO in Item 18 Give Pages Main Street Prince George General Hospital 3 NAME OF M ddle 4 DATE First Last Month Dav Year DECEASED OF 16 (Type or print) Hardie Tkeler Merrell DEATH 7 MARRIED TELINDER 1 YEAR IF ... NDFR 24 HRS 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years last birthday) Months Days 9-5-1907 event within 72 hours after death WIDOWED DIVORCED White Male 10a USUAL OCCUPAT ON (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working te, even if retired)

Painter COUNTRY? INDUSTRY Turbotville, Pa.

14. MOTHER'S MAIDEN NAME self employed 13 FATHER'S NAME This certificate should be executed within Vinnie Ikeler Orin J. Merrill IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address Watsontown, Pa. (Yes, no, or unknown) (if yes give wor or dotes of service) Herbert E. Barr no 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b) ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Heart failure DUE TO Arteriosclerotic heart disease over 4 yrs dny (Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? certificate, NO 3 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) 3 shauld Б PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e P.ACE OF INJURY (Home form (City or fawn) (County) 20c T ME OF INJURY Month, Day Year 20d N. LRY OCCURRED Not While While Not White of work Hour om. foctory, street, office bldg., etc.) at work 21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [], Inquiry [], and in my opinion Noturo couses x / Accident Undetermined monne: death resulted from: Suicide Homicide 🗍 the funeral directar be retained CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE may be re FUNERAL I DEPUTY MFDICAL EXAMINER (30) 8-17-67 Riverdale, Md. NAME (Type) Jøhn/Kehoe, M.D. Address (Street city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 230 BURIAL, CREMATION REMOVAL (Specify) Turbotville Cempo Turbotville 8-20-57 burial 24 Pemoval 5130 Wisc. Ave NW VR A 15ME (5) Joseph Gawlers Sons 6M 1/67 Wash. D.



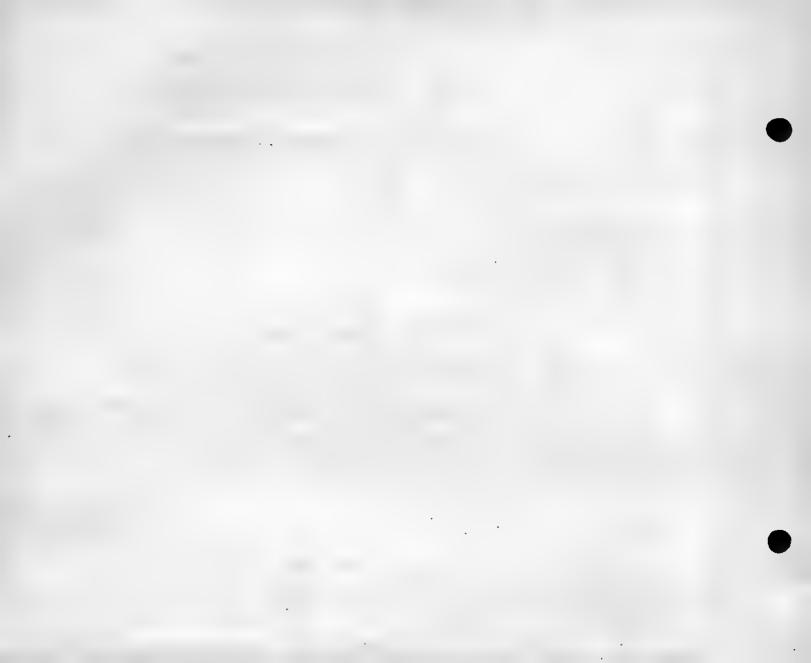
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A	Division of STATISTICAL RESEARCH AND RECORDS, 30	01 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1143% CERTIFICAT	TE OF DEATH 11436
urs after death. y the funeral Pages 1 and urs after death.	o COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATE Maryland b COUNTY Pro Georges
urs aft	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Greenbelt. Md.	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Hyattsville, Md.
in 24 haurs al	d NAME OF HOSPITAL OR INSTITUTION (IF not in haspital, give street oddress) C-REENBELT NURSING HEME	d STREET ADDRESS 4907 43rd avenue- e IS RESIDENCE ON A FARM? YES NO
I within 2	3 NAME OF First Middle DECEASED (Type or print)	DINER DEATH S 19 1967
executed in and camplet remayer of any event	S SEX 6 COLOR OR RACE // MARRIED NEVER MARRIED OF THE WIDOWED DIVORCED	8 DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost b rinday) Months Doys Hours Mun
icate be ex	100 US_AL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
physica physica en ple oval, a	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remave forban papers Pages 1 and the priar to burial, crematian, or remaval, and in any event, section 72 hours after death.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give war or dates of service)	INFORMANT Little Hy The Man Man
hat the n. n. y the a ansit pe ematia	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	east facture Interval Between ONSET AND DEATH
equires that the physician. signed by the burial-transit burial, cremat	Conditions, if ony, which gove (b) I was fine Column (b)	ocarenions of Calm
the law required aftending phas been side as the bhas heriar to bhas the bhas earthe bhas the bhas and the bh	stoting the underlying couse DUE TO (c)	0
SICIAN: The law re spital or attending artificate has been sed far use as the leath priar to be as the leath the sed that	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\begin{array}{c} \text{NO} \text{X}
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Beah	GR CONTRIBUTING CAUSE OF DEATH). (Enter noture of injury in Port I ar Part II of item 18.)
PH his this etac Dep		ACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (State) actory, street, office bldg , etc.)
₽- <->	21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 8/19/19/19, and the	at death occurred of 125 DM, from causes and on the date stated above
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the	22a. SIGHATURE A MILLON, M	ATTENDING MED. STAFF 22 DATE SIGNED PHYS. DIRECTOR PHYS.
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	NAME (Type) Burton A. Johnson	22d. ADDRESS Beltsville, Md.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	236 BURIAL (REMATION, REMOVAL (Specify) 236 DATE THEREOF 236 NAME OF CEMETERY OR LINCOLN (Specify) 220, 1967 Ft Lincoln (Cemetery Colmar Manor Pro Geo Md.
VR A15 (4)	24 FUNERAL DIRECTOR ADDRESS F. Gasch's Cons Hyattsville, Md.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11437 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY deloy is and 3 to a STATE h COUNTY 2, and 3 to PM3. Poge MARYLAND District Of Columbia Prince George's b CITY OR TOWN (If guitside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give neorest tawn) Cheverly h hrs. Washington d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS e IS RESIDENCE with Jorn ON A FARM? NO W Prince George General Hospital T Street N.W. hours ofter deoth 3 NAME OF Middle 4 DATE DECEASED in Item 18 Give (Type or print) Richard DEATH Monroe e, writing the word `pending` in pencil in Item 18 Giv farworded to the Chief Medical Exominer's Office olon**g** 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF ... NDER 24 HRS last birthday) Months Dovs HOLES in ony event within 72 hours ofter death WIDOWED DIVORCED Male Negro 10a USUAL OCCUPATION (Give kind of wark dane 1Db KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working if e, even if retired) **ENDLISTRY COUNTRY?** 13. FATHER SNAME This certificate should be executed within IS. WAS DECEASED EVER IN ILS. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes no, ar unknown) illf yes give war ar dates of service 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) buriol-tronsit PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE (AUSE (a) Multiple fractures and lacerations writing the word DUE TO Conditions, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying couse D, oud 00 19 WAS AUTOPSY PERFORMED? cremation, or removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO F the certificate, pe 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 1 of Item 18) 3 should should ! PRIMARY TO CONTRIBUTING CAUSE OF DEATH files. Driver of car which struck tree MEDICAL 20c TIME OF INJURY Month, Day, Year 2De PLACE OF INJURY Home form. (City or town) (County) (Stote) Rour a.m. While Not While foctory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at work 8-75- 1967 10:40ampm at wark Eastern Ave. & Sheriff Rd., N.E., Wash., D.C. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 30 Inspection X ond in my opin on funeral director. death resulted fram Natural causes: Acc degli Suicide Undetermined manner Hamicide be retained CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE necessary, DEPUTY MEDICAL EXAMINER (30) **EXAMINER'S** Heo th NAME (Type) John Address (Street, city, tawn, ar county) Kehoe, M.D. Riverdale. 8-16-67 90 25a RECD BY REGISTRAR 25b REGISTRAR S SIGNATUAL 24_FUNERAL DIRECTOR VR A 15ME (5) 6M 1/67



1	Item 18 Film 395 11-27 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
2 :	Item 18 Film 395 11-27 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 The mill all infor, the cart of the cert. CERTIFICATE OF DEATH	S8
by the funeral pages ond	PLACE OF DEATH o CCUNTY Prince George's MARYLAND MARYLAND LITY OR TOWN [If outside carporate limits, write RURAL and give nearest town) Cheverly 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before to STATE b. COUNTY Maryland Prince George c CHY OR TOWN [If outside carporate limits, write RURAL and give nearest town) Cheverly 2 days Upper Marlboro	e's
n 24 hou lilled in b popers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
within 24 filled bon pope within 7	3 NAME OF First Middle Lost 4 DATE Month Day	YES NO Year
executed with	[type or print] Baby Boy Moore DEATH August 29 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR)	19 67
ond compose in only and	Male Colored WIDOWED DIVORCED 8/27/67	Hours Min.
oth certificate be ding physicion or t. Then please r r removol, and in	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (county & Stote, or foreign country) 11 CITIZEN OF COUNTRY?	F WHAT
physien pl	13. FATHER'S NAME Kenneth Chapman Mary C. Moore	
ne deoth cer attending p permit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. Mother Same as above	
quires that the physician. signed by the courial-transit ourial, cremat	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Undetermined (sudden death in fancy) ON Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse (b). Lost. INT Undetermined (sudden death in fancy) ON DUE TO (c)	ERVAL BETWEEN SET AND DEATH
clan: The law related or attending principle has been sfar use as the far use at the ferent prior to be	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) Y	WAS AUTOPSY PERFORMED? ES X NO
SICIAN spital certificat for for the for	Y 200 ACCIDENT WAS UNDERLYING 200 ACCIDENT	
IDING PHYSICIAN: The law raise by the hospital or attending After this certificate has been is be detached far use as the State Dept. of Health prior to	20c TIME OF INJURY Manth, Day, Year Hour a.m. 20d INJURY OCCURRED While at work at wor	(State)
R ATTENDIN retoined by RECTOR: After 3 should be with the St	21. I certify that (I) (this hospital) attended the deceased from 8/27, 1967, to 8/29, 1967, the saw the deceased alive an 8/29, 1967, and that death accurred at 6 A. M., from causes and on the data	e stated above
~ = B m ≥	220. SIGNATURE 220. SIGNATURE ATTENDING MED. STAFF 22b DATE SIGN PHYS. DIRECTOR PHYS B/29/ 22c. PHYSICIAN 2	
PITAI moy ERAI or, po	NAME Harold Y. Hinek 11825 New Hampshire Ave., Silv	er Spr.
TO HOSPITAL OI Page 4 moy be TO FUNERAL DIR director, page Stoyld be filed	Cremation 9/2/67 Prince George's Gen. Hosp, Cheverly PG Ma)Md. (State) aryland
VR A15 25M 1/8	24 FUNERAL DIRECTOR Harry W. Penn, Jr., Admin., Cheverly, Md. 250. REC D BY REGISTRAR S SIGNATURE DATE SEP 6 1967	noge

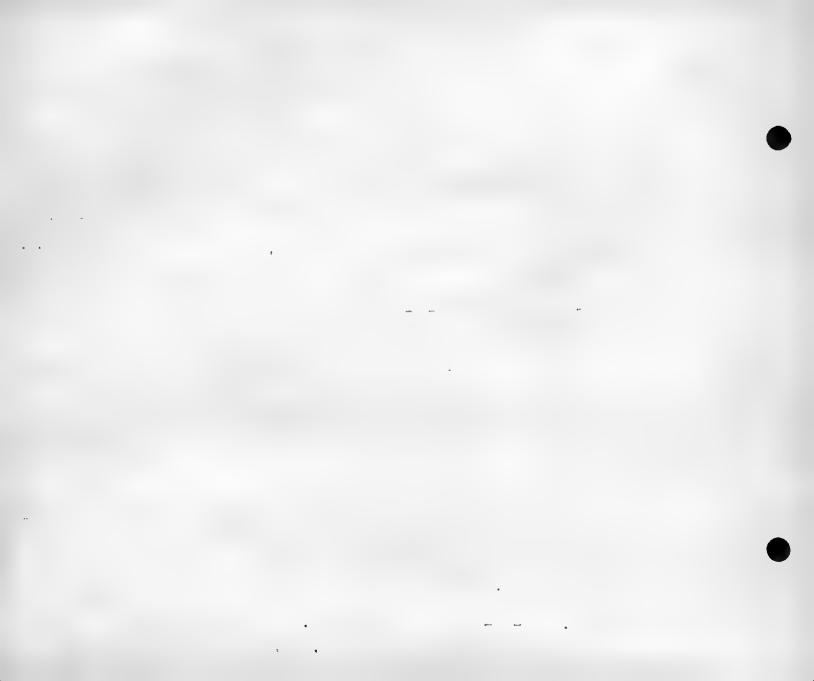


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11439 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) The low requires that the death certificate be executed within 24 hours after ded Prince Georges Mary land Prince Georges and completely filled in by the fur remove rethon popers. Pages 1 nany event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, cheverly c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 103 days Hyattsville Zip 20785 d NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) d STREET ADDRESS e 15 RES DENG ON A FARM? Prince Georges General Hospital 2803 Nicholson Street NO X YES NAME OF Middle Eirst Last 4. DATE DECEASED (Type or print) Frank Moore DEATH August 3. 19 67 S. SEX NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS burial-transit permit. Then please remove a burial, cremation, or removal, and in any eve 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED last Kirthday) Hours Male white WIDOWED DIVORCED 7/17/39 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) physicion a during most of working life, even if retired) INDUSTRY COUNTRY? Safeway Store Manager
13 FATHER'S NAME Pennsylvania

14 MOTHER'S MAIDEN NAME Frank Harry Moore Frances West IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 7 401914 Mrs. Frances A. Moore, Same KORB INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) signed by the burial-tronsit PART I DEATH WAS CAUSED BY: ONSET AND DEATH Carcinoma of the right lung; with IMMEDIATE CAUSE (o) by the hospital or attending physicion. **DUE TO** Conditions, if any, which gove) generalized metastasis rise to immediate cause (a). DUE TO stating the underlying cause os the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES KX NO TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Port II of Item 8) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the Stote Dept MEDICAL 20e PLACE OF INJURY (Home, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour a.m factory, street, office bldg, etc.) Not While at wark 21. I certify that (I) (theschospital) attended the deceased fram be retoined and that death accurred at 12:35 M, from causes and on the date stated above saw the deceased alive an 220 SIGNATURE DATE SIGNED MED AM DIRECTOR STAFF 22d, ADDRESS 22c PHYSICIAN'S Poge 4 moy Aaron Deitz, M. D. Prince Georges Plaza, Hyattsville, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF (Stote) Burial (Specify) Fort Lincoln Cemetery Bladensburg Aug. 7.1967 250 REC D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR W. CHAMBERS CO. Riverdale, Md.

()

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11435 11460 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY PRINCE GEORGES o. STATE b. COUNTY ely filled in by the fun bon papers. Pages 1. , within 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 write RURAL and give nearest town) 2 MONTHS ALEXANDRIA CAMP SPRINGS d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE filled i ON A FARM? USAFHOSP ANDREWS 5606 JUSTIS PLACE YES NO X NAME OF Middle First DATE Last Month Dov Year DECEASED RICHARD FREDERICK MOORE and in any event, AUGUST 12 (Type or print) 19 67 DEATH SEX 6. COLOR OR RACE 7 MARRIED XX IF UNDER 1 YEAR NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS remaye last birthday) Months Days Hours Male 8 March 1922 Can WIDOWED pup 10a USLAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)
US AIR FORCE 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? US AIR FORCE WARREN, MAINE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal, affending phys HARRY MOORE GLADYS OLIVER 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or anknawn) (If yes give war ar dates of savuce) 16. SOCIAL SECURITY NO. 17 INFORMANT Address 004-16-5580 Wife and Medical Personnel -Records YES 16 Sep 1940 crematian, 18 CAUSE OF DEATH (Excel applicates and er line for (o), (b) and (c)) INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I DEATH WAS CAUSED BY: ONSET AND DEATH Metastatic cancer to liver and brain IMMEDIATE CAUSE (a) 151X DUE TO Conditions, if ony, which gave primary cancer of cardia of stomach unknown rise to immediate cause (a). DUE TO stating the underlying cause of Health prior ta Inst PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? certificate NO F 20a ACCIDENT WAS UNDERLYING [7] 2Db DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I at Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER O FUNERAL DIRECTOR: After this 20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF NJURY (Hame, farm, 20f (C ty or town) (County) (State) Haur a.m. While Nat While factory, street, office bldg., etc.) at work at work 2) I certify that (1) (this hospital) attended the deceased from __April 21 I certify that (I) (this hospital) attended the deceased from April , 19 67 to 12 Aug , 19 67, that (I) (we) lost sow the deceased above on 32 Aug 19 67, and that death occurred at 0720 M from causes and on the date stated above be retained director, page 3 should should be filed with the 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR XX 12 Aug 67 M.D PHYS PHYS 22c PHYSIC ANS 22d. ADDRESS NAME (Type) FRANK A. CAMP USAF Hosp Andrews . AAFB Wash DC 2033 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Thomaston, Maine Village Cem. Burjel ADDRESS 250 REC D BY REGISTRAR 25b REG STRARS SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Falls Ch. Homo 1967 Milarley 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11436 11441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FUR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY • STATE Maryland any delay is , 2, and 3 to n PM3. Page Prince George's Prince George's MARYLAND b CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) C LENGTH OF STAY IN 16 three days Adelphi Riverdale e IS RES DENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS farm Leland Memorial Hospital 2214 Phelps Road YES NO X in Hem 18. Give Pages This certificate shauld be executed within 24 haurs after death please execute the certificate, writing the ward "pending" in penci in Item 18. Give Pag d rectar, Page 4 snauld be farwarded to the Chief Medical Examiner's Office along with NAME OF M.dd e Eirst Lost 4 DATE Month DECEASED OF Dale Ronnie Moya 19 67 DEATH NEVER MARR ED F UNDER 1 YEAR IF UNDER 24 HRS burial-transit permit. File pages I and 2 with 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (n years 7 MARRIED lost birthdoy) Months in any event within 72 haurs after death. WIDOWED DIVORCED | 9-30-51 white male IDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life even if retired)

13 FATHER S NAME INDUSTRY COUNTRY? WIRGINIA U-5 A 14 MOTHER'S MAIDEN NAME VINCENTE CLATTERBUCK BARBRA 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2214 PHELPS RD (Yes, no, or unknown) (If yes give wor or dates of service NONE MRS BARBRA MOYA ADEL DHI 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1 DEATH WAS CAUSED BY NTERVAL BETWEEN ONSET AND DEATH Laceration of brain IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gave) Trauma - auto accident rise to immediate couse (o), DUE TO stoting the underlying couse 3 should be used cremation, or removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPS'
PERFORMED? NO X 20o EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 8) PRIMARY TO CONTRIBUTING CAUSE OF DEATH passenger in car which struck a pole 2Dc T ME OF INJURY Month, Doy Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home form, 2Df (City of town) (Stote) may be retained far yaur FUNERAL DIRECTOR: Page Md. 2:12am pm 8-1 19 67 21. I certify that I taok charge of the remains described above held an Autopsy [7], Inspection [X], Inquiry [X], be retained far and in my apinian the funeral d rectar. death resulted from Natural causes . > Accident / XI. Suicide . Hamic de Undetermined manner CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priari SIG NATURE 8-5-67 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** FUNER Health NAME Type John Kehoe M.D. Riverdale, Maryland

B.RIA CREMATION | 1236 DATE THEREOF | 1230 NAME OF CEMETERY OR CREMATORY Address (Street, city town or county) 23d LOCATION (City or Town) (County) (Slote) BURIAL/ GRAHAM ADDRESS AUG. 8 ORANGE. REC D BY REGISTRAR 1967 25b 24 FUNERAL DIRECPOR VR A15ME (5) W.W. CHAMBERS 6M 1/67 RIVERDALE, MIL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11437 CERTIFICATE OF DEATH 11442 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o (QUNTY Maryland COUNTY Prince Georges within 72 hours after MARYLAND Prince Georges 24 haurs after b. CITY OR TOWN (f outside corporate limits write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 Seat Pleasant Cheverly 11 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE Prince Georges General Hospital 207 Addison Rd.] NO [The law requires that the death certificate be executed within 3. NAME OF Middle First Lost 4 DATE Manth Day Year carbar campletely DECEASED (Type or print) _C. and in any event, Harry Navlor DEATH Aug. 18 19 67 SEX 6. COLOR OR RACE OATE OF BIRTH IF UNDER 1 YEAR F UNDER 24 HRS AGE (In years 7. MARRIEO **NEVER MARRIEO** lost Firthdoy) Months Doys Hours WIOOWEO X OIVORCEO | Male White 1 - 211889 and 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Retired physician c ien please INDUSTRY COUNTRY? U. S. A County Gov. Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, attending physoermit. Then f Collier Naylor Katherine 15. WAS OFCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service James W. Naylor Same As # 2 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: ONSET AND CEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO signed burial to Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse has bee∎ as the Dept. of Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMEO? NO SEE YES certificate ATTENDING PHYSICIAN: Б 200 ACCIDENT WAS JNOERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PEACE OF INJURY (Home, form, (City or town) (County) (Stote) FUNERAL DIRECTOR: After this factory, street, affice bldg, etc.) Haur a.m. Nat While , to Aug. 18 ر 19**6.7** , that (۱) (**۱۷۶)** last shauld be retained 19 67, and that death accurred at 12.50M, fram causes and an the date stated above saw the deceased alive an___ Aug. 18. 22o. SIGNATURE 22b. OATE SIGNEO MEO STAFF ATTENOING W M.D. PHYS **OIRECTOR** PHYS 22d. ADORESS TO HOSPITAL Page 4 may 1 22c. PHYSICIAN S NAME (Type) 4 Cm director,

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

23d LOCAT ON (City or Town)

1967

2So. REC'O BY REG STRAR

DATE AUG 2

Suitland, Prince Georges.

2 VR A15 (4) 25M 1/67

230 BURIAL, CREMATION

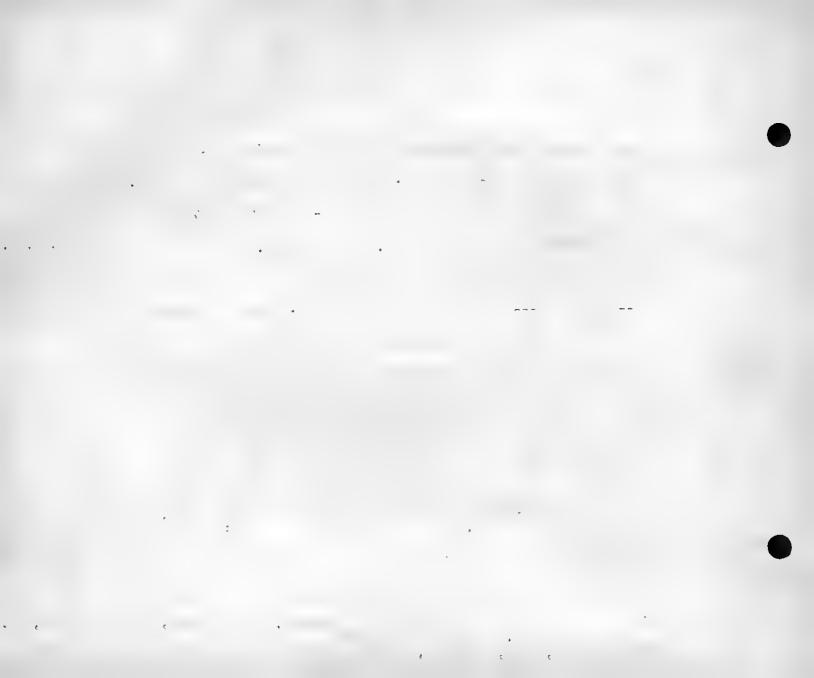
Bur PEMOVAL (Specify)

23b. OATE THEREOF

8/22/67

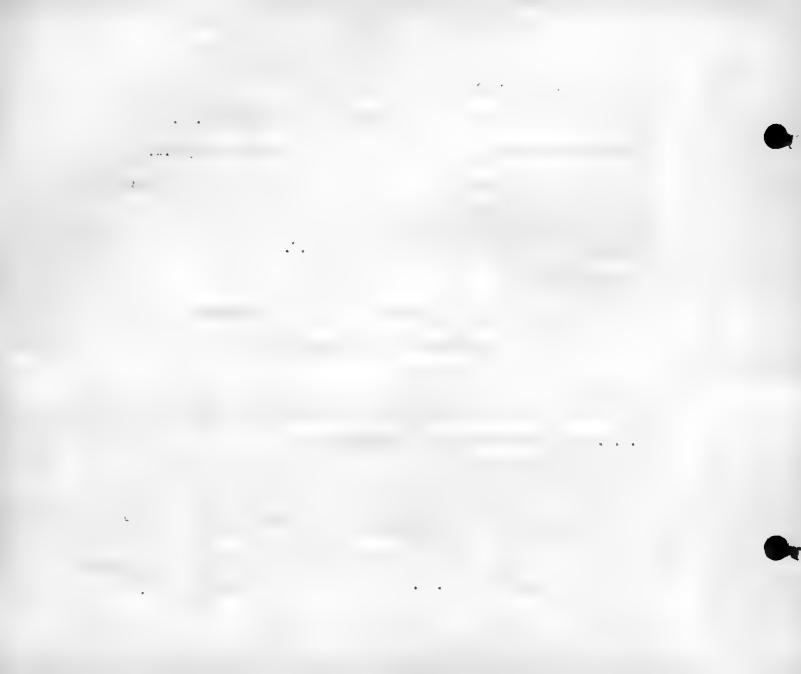
24. FUNERAL DIRECTOR Robert E. Wilhelm Fufferal Home

4308 Suitland, Road, Suitland, Maryland





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11444 11438 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. COUNTY a STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If gutside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) papers. Pagi hin 72 haurs o write RURAL and give nearest town)
Glenn Dale (Rural) 73 months Washington, D. C. d NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Glenn Dale Hospital 12 Logan Circle, N.W. YES TO NO TO NAME OF Middle Last DATE Month Day Year DECEASED Moses Oliver (Type or print) DEATH August IF UNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED and care last birthday) Manths Days Haurs WIDOWED and in any DIVORCED 6/7/01 10a USBAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician termit. Then please retired unknown S.C. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remaval, Edward Oliver Mary ? IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates of service) decedent 579-18-2518 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Carcingus of the esophagus 5 months 150 X DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? NO T C.V.A. with left heminlegis: hypertension
20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INDUSY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Day, Year Hour a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) O FUNERAL DIRECTOR: After this Not While factory, street, office blda., etc.) at wark at work 21. 1 certify that the (this haspital) attended the deceased fram. 12/16/9 66 , to 8/9/ 1967, that (% (we) last Page 4 may be retained 8/9/1967, and that death accurred at 8:00PM, fram causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE ATTENDING M.D. DIRECTOR PHYS. 8/9/67 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M. D. Glenn Dale, Md. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) SUITLAND, MARYLAND 8-14-67 LINCOLN MEMORIAL CEMETERY 25b. REGISTRAR'S SIGNATURE 2Sq. REC D BY REGISTRAR lines Timetil Home 3015-12 St. 718



/ 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	Ttomsvision of YMAL RECORDS 3017W. PRESTON STREET, BALFIMORE, MARYLAND 212017/7 ph MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5
MEALTH DEPT.	PLACE OF DEATH O COUNTY Prince George's MARYLAND B CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) 2 USUAL RESIDENCE (Where deceased lived finishtation: Residence before STATE MARYLAND MARYLAND C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	fore odmission)
14 cmy 12, 2, 2, 2, 2drm Pre Depart	Cheverly DOA Hillside d NAME OF HOSPITAL OR INSTITUTION (find in hospital, give street oddress) d STREET ADDRESS Prince George General Hospital 5703 L St.	e IS RESIDENCE ON A FARM? YES NO
Ove of the state o	Composition Composition	S Hours Min
This certificate shauld be executed within 24 haurs of icate, writing the word "pending" in pencl in Item 18 be farwarded to the Chief Medical Exam.ner's Office at the Used as a burial-transit permit. File pages land 2 within 72 haurs after death.	during most of working life even if refred) INDUSTR'Bakery D.C. COUNTRY D.C. 13. FATHER'S MAME James O'Neil IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Junknown) If yes give wor or doles of service) OFL-03-8871 Joan E. O'Neil Same as I+on	Y? U.S.A.
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary artery occlusion	NTERVAL BETWEEN ONSET AND CEATH NUTES
±	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TON GIVEN N PART 1(a) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 200 CONTRIBUTING 200 CONTRIBUTING 200 CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of term 1B.)	9 WAS A TOPSY PERFORMED? YES X NO
L EXAMINER: ecute the certif Page 4 shauld ar your files. R:Page 3 shauld II, crematian, ar	20c T ME OF INJURY Manth, Day Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form factory, street), office bldg, etc.) 20. T ME OF INJURY Manth, Day Year 20d NJURY OCCURRED 4 PLACE OF INJURY (Home form factory, street), office bldg, etc.) 21. I certify that I took charge of the remains described obove, held an Autopsy 22, Inspection 22, Inquiry 22, or	(State)
TO DEPUTY MEDICAL EXAMI necessary, please execute the the funeral director Page 4 is 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 Hea th prior to burial, cremat	deoth resulted from Noterpy couses k, Addent , Suicide , Homicide , Undetermined monner . ACTUAL SIGNATURE	22 DATE SIGNED
10 D VR A15ME (5)	230 BJRIF CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (Coun REMOVA "Specify) 8-12-67 nal mem Pk. cem - Falls Church Va. 24 FUNERA D REFOR 250 RED BY REGITARS SONA"	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11446 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) g. COUNTY o STATE b. COUNTY Prince Georges Marvland Prince Geo. MARYIAND completely filled in by the love carban papers. Pages b CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate timits, write RURAL and give nearest town) papers. Pag. hin 72 hours c write RJRAL and give nearest tawn)
Hyattsville Hyattsville 6vrs.10mos d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 Bell's Nursing Home 6403 Ager Road YES: NO X 4 DATE 3 NAME OF Middle Year DECEASED (Type or print) Ronnie Ottolina DEATH August 13. 19 67 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR 7 MARRIED DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED lost birthday Manths Davs Haurs white WIDOWFD DIVORCED November 12.57 an rem attending physician and sermit. Then please rem 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT ⊆ during most of working life, even if retired) Venezuela INDUSTRY gup Venezvela 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal, Renny Ottolina Renee 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes no or unknown) (If yes give wor or dates of service) crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN -transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY signed by t burial-trans burial, crem IMMEDIATE CAUSE (a) DJE TO Canditions, if any, which gave r se to .mmediate couse (a), DUE TO storing the underlying cause as the I priar ta b O FUNERAL DIRECTOM: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Dept. of Health NO X YES far 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS INDERLYING TO OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour o.m. foctory, street, office bldg., etc.) Not While at work at work attended the deceased fram_ 21. I certify that (I) (this hospital) JULY 1967, that (1) (sve) last Page 4 may be retained shauld and that death occurred at 2 4M, from causes and an the date stated above saw the deceosed alive on 196 22a SIGNATURE ATTENDING director, page 3 shauld be filed w PHYS DIRECTOR 22c. PHYSICIAN S 22d NAME (Type) 23d LOCATION (City of Town) 230 BURIAL CREMATION. 23b DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Buria 24. FUNERAL DIRECTOR ADDRESS 250 REOD BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 196



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11442 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11447 FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) r delay is ond 3 ta M3 Page a COUNTY o STATE b COUNTY Prince George's Maryland MARYLAND Prince George's b CITY OR TOWN (If autside corporate ilm ts, write RURA, and give nearest town) c CITY OR TOWN (if outside carporate in its write RURA, and give nearest town) C LENGTH OF STAY IN In PM3 Cheverly 50 min. Suitland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Office a ang with farm in pencil in Item 18. Give Pages 1, Prince George General Hospital YES NO TO ote 4404 Porter Avenue This certificate should be executed within 24 haurs after death 3 NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED OF the Type or print) James Svlvester Payne DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH 7 MARR ED ost birthdov) Months Davs Hours DIVORCED X WiDOWED event within 72 haurs after death Male Negro 1.8 1917 100 USUAL OCCLPATION (Give kind of work done during most of working ite, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT **INDUSTRY** Chief Medical Examiner's 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME permit. File WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (o) Penetrating stab wound of chest the word DUE TO in any Conditions, if only, which gove te, writing the farwarded ta t rise to immediate cause (o). DUF TO stoting the underlying couse removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS ALTOPSY PERFORMED? certificate, YES 3 NO þe 200 EXTERNAL CAUSE WAS PRIMARY TO OCCUPANTING 20b DESCRIBE HOW NURY OCCURRED (Enter nature of mary in Port L or Part L of Item 18.) 3 shaula ū 4 should CAUSE OF DEATH Stabbed during altercation. crematian, 20f (City or fown) 20c T ME OF NJURY Month, Doy Year 20d NJURY OCCURRED 20e PLACE OF NJURY (Home, form, (County) (State) factory, street, aftice bldg, etc.) yaur Hour om While Not While may be retained for your FUNERAL DIRECTOR: Page of work of work 8-26- 19 67 Same as #2 9:250mpm 21. I certify that I took charge of the remains described above, held an Autopsy x. Inspect on 😓 Inquiry x and in my opinion funeral director. Hamicide 🗶 Undetermined manner death resulted fram. Naturat xauses / Accident Suicide 🗔 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER 8-28-67 **EXAMINER'S** Health NAME (Type) Address (Street, city, fown or county) John Kehoe, M.D. Riverdale. Md. 230 (BURIAL) CREMATION 23c NAME OF LEMETERY OR CREMATORY 23dm LOCATION " ty or Town) (County) 0 3 allen we 2So REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A 15ME (5) DATE SEP



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item CERTIFICATE OF DEATH 11448 requires that the death certificate be executed within 24 hours after death funeral ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Prince George's Prince George's Maryland van papers. Pages | within 72 hours after MARYLAND by the f b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURN and give pearest town) 3 days Palmer Park .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE Filled ON A FARM? Prince George's General Hospital 8209 Sherrill Street NO Sect 3. NAME OF campletely f tave carban pgu Middle 4 DATE Year DECEASED Charles (Type or pnnt) Pennington DEATH August 19 67 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years F UNDER I YEAR 7 MARRIED TO NEVER MARRIED F UNDER 24 HRS regrave lost birthdoy) Male White WIDOWED DIVORCED august 15,1913 10a JSUAL OCCUPATION (Give kind of work done during most of work in life, even if retired)

Cab Driver 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in Transportation COUNTRY? ÜSA Tennessee 13. FATHER'S NAME burial, crematian, ar removal, 14. MOTHER'S MAIDEN NAME Joseph Pennington Ann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes go, ar unknown) (If yes give war ar dates of service) Lillan R. Pennington Same As # 2 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed Conditions, if any, which gave rise to immediate cause (a), DUE-TO stating the underlying cause 19. WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO NO to FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for w 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20th INJURY OCCURRED 20e PLACE Of .NJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) at work L of work 21. I certify that (I) (this hospital) attended the deceased from August 16, 1967, to Aug. 19, 1967, that (I) (we) last 22o. SIGNATURE ATTENDING aneaudimo director, page should be filed 22d. ADDRESS PRINCE George's 22c. PHYSICIAN'S NAME (Type) J. HERNANDEZ, MO 230 BUR, AL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 8/25/67 Washington National Cemetery Suitland, P.G. Maryland Robert E. Wilhelm Funeral Home VR A15 (4) 4308 Suitland Road, Suitland, Maryland

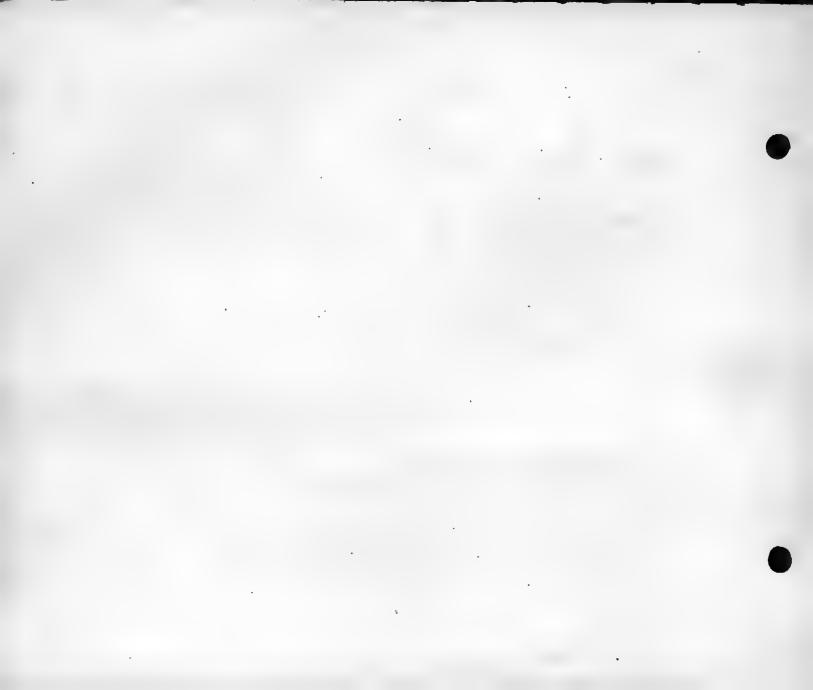
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11449 CERTIFICATE OF DEATH 444 The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an: Residence before admission) a COUNTY g. STATE b. COUNTY PRINCE GEORGES MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Non papers. Page within 72 hours ANDREWS AIR FORCE BASE DAYS WASHINGTON D.C. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) .⊆ d. STREET ADDRESS IS RESIDENCE ON A FARM? USAF HOSPITAL ANDREWS 212 OAKWOOD STREET SE YES NO X 3. NAME OF First Middle 4. DATE remoye carbon Lost Dov Year completely DECEASED (Type or print) EDWARD CHARLES PETR IN OVICE AUGUST 1967 DEATH IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH AGE (in years SE UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours and in on WIDOWED DIVORCED X MARCH 28. 1911 MALE CAUCASTAN puo 10b. KIND OF BUSINESS OR 10c USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT dur ng most of working life, even if retired) physicion o **COUNTRY?** Wardner, Idaho RETIRED US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, attending phys NICKODEM PETRINOVICH JUSTINA MARACHIC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 75114ddDORRIS DR. SE (Yes, no, or unknown) (If yes give wor or dates of service) 518-01-3830 CHARLES LERCH-FRIEND-OXON, HILL, MARYLAND YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSEL AND DEATH burial-tronsit PART I, DEATH WAS CAUSED BY MYOCARDIAL FAILURE IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO Canditians, if any, which gove VENTRICULER TACHYCARDIA 6 MONTHS nse ta immediate couse (a), DUE TO stating the underlying cause the State Dept. of Heolith prior to ARTERIOSCLEROTIC HEART DISEASE 5 YEARS last. ÖS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY has PERFORMED? 3 YES NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBLING FT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour om. factory, street, affice bldg, etc 1 Not While at work ot work **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the decensed from AUGUST 4 ... 1967, to AUGUST 9, 1967, that (1) (we) last saw the deceased alive an AUGUST 9 19 67, and that death accurred at 535 AM, from causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED MED DIRECTOR Pelleling AUGUST 9, 1967 PHY5 22c. PHYSICIAN'S 22d. ADDRESS USAF HOSPITAL ANDREWS IO FUNERAL director, po should be f LINDEMAN, CAPT, USAF, MC ANDREWS AFB, WASHINGTON, DC NAME (Typle) JOHN 20331 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BURMOVAL (Specify) 8/14/67 ARLINGTON, VIRGINIA ARLINGTON NATIONAL 2Sq REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR ROBERT E. WILHELM FUNERAL HOME Ollowello VR A15 (4) DATE AUG 25M 1/67 4308 SUITLAND ROAD, SUITLAND, MARKYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, 11 Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL and give nearest town C. LENGTH OF STAY IN 1b c. CITY DR TOWN hours .⊑ ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ed d. STREET ADDRESS e. IS RESIDENCE 7 DN A FARM? Ptelpfil NO DO Within-3. NAME DE First Middle Last 4. DATE Month Day DECEASED DF 1 (Type or print) compl DEATH 19 executed remove 6. CDLOR OR RACE AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED X NEVER MARRIED DATE OF BIRTH 9. (In years in any Months Days Hours and WIDDWED DIVDRCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR PLACE (County & State, or fereign country) 12. CITIZEN OF WHAT 11. BIRTH physician lease and in death certificate be INDUSTRY 70 removal. FATHER'S NAME MDTHER'S MAIDEN NAME attending ph irmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) (If yes pive war or dates of service) 17. INFORMANT ne attend permit. 16. SDCIAL SECURITY NO. Address To in signed by the atto burial-transit permi burial, cremation, o SAME H CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Conditions, if any, which peen gave rise to immediate the t DUE TD cause (a), stating the for use as the Health prior t underlying cause last. has CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY certificate PERFORMED? the hospital or YES F ND DO CTOR: After this certific should be detached for ATTENDING PHYSICIAN: 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, officebldg., etc.) MEDI Hour a.m. Not While p.m. 19 at work at work retained 3 should with the 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: AM, from the causes and on the date stated above. and that death occurred at 2 saw the deceased alive-on 22a. SIGNATURE DATE SIGNED page MED. DIRECTOR ATTENDING PHYS. O HOSPITAL may director, pa ADDRESS 33 5 22c. PHYSICIAN'S 22d. NAME (Type) UPERIOR 234. BURTAL, CREMATION, DATE THEREOF 23c. LOCATION (City, town or county) (State) NAME DF CEMETERY OR CREMATOR 23d. DIRECTOR REC'ULBY REGISTRAR 25b. REGISTRAR'S SIGNATURE Millares VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11446 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Prince Georges p. STATE b. COUNTY MARYLAND by the haspital or attending physician. Maryland Maryland Prince Georges
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 please comove carbon papers. Pag , again any event, within 72 hours 2 days Cheverly Greenhelt ,<u>s</u> d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RES DENCE ON A FARM? Prince Georges General Hospital 5902 Cherrywood Terrace YES NO 💢 carbon 3 NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or pnnt) 19 67 Donald H. Potts DEATH August S SEX 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED lost birthday) Dovs Hours WIDOWED DIVORCED 11/8/39 Male White signed by the attending physidian and burial-transit permit. Then please cent burial, crematian, ar removal, and in an IDo USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT office supplies I J COUNTRY ? Pennsylvania Salesman 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Oliver Potts Thum Elizabeth T IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 188 30 2219 Patricia F. Potts Greenbelt, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN SONSET AND DEATH PART I. DEATH WAS CAUSED BY Viral Hepatitis with liver failure; IMMEDIATE CAUSE (o) **DUE TO** lower gastro-intestinal hemorrhage Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta (c) 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YESNER NO F 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of Item 1B) (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or tawn) 2Dd INJURY OCCURRED (County) (Stote) 2Dr. TIME OF HUNDRY Month, Day, Year Haur to m. 21. I certify that (I) (this should attended the deceased from_ , to Aug. 2., 1967, that (I) best last ro Hospital or Attend Page 4 may be retained 19.67, and that death accurred at 8:15p M, fram causes and on the date stoted above. saw the deceased alive an Aug. 2. 22o. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 22c PHYSICIAN'S NAME (Type) Hans Wodak. , M. D. Prof.Bldg.Centerway, Greenbelt, Md. 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMASORY (Stote) REMOVAL (Specify) Hillside cemetery Roslyn Pa Aug 5, 1967 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hyattsville, Md. Gasch's Sons VR A15 (4) 25M 1/67 DATEALLG

I WE

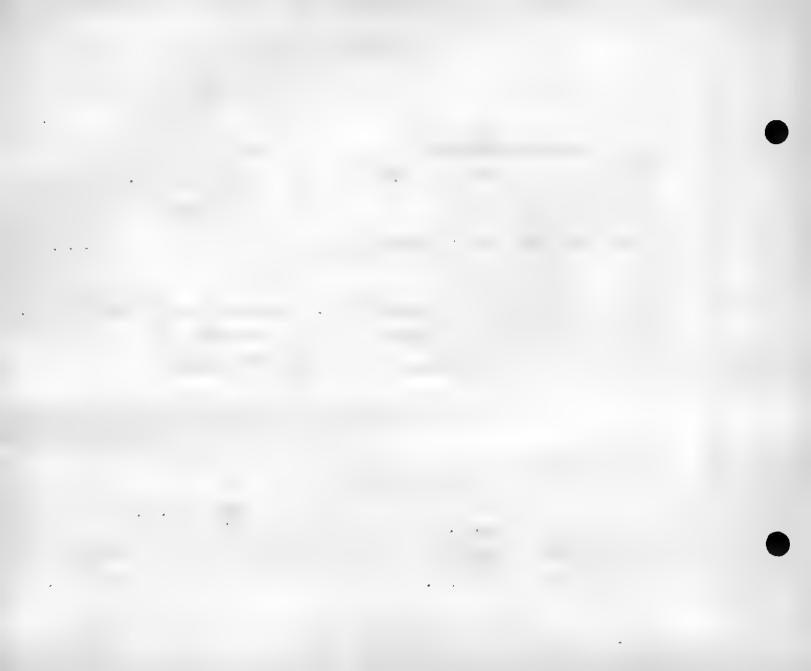
L. L. L.

. . .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31454 77143 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission) o. COUNTY o STATE **b.** COUNTY MARYLAND Maryland Prince Georges
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Prince Georges b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) any event, within 72 hours Cheverly 5 days Accokeek d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM2 74 Rt 2 Box 56 YES NO-1 Prince Georges General Hospital NAME OF 4 DATE Doy Year DECEASED OF DEATH (Type or print) Theodore Rhinehart S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years remave last birthdoy) Months Doys Hours WIDOWED DIVORCED and White 1900 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign 12. CITIZEN OF WHAT physician c nen please during most of working life, even if retired) INDUSTRY COUNTRY 2 gud Baltimore, Md. Farmer 'arming 13. FATHER'S NAME ar remayal, signed by the attending phy burial-transit permit. Then burial, crematian, ar remava Unknown John Rhinehart 1S WAS DECEASED EVER IN U.S ARMED FORCES? 17. INFORMANT Rt. Address Box 56 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 217-30-0460 Mary B. Rhinehart Accokeck, Md NoINTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY: ONSET AND DEATH Cancer and Gangrene of the right lung. IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUF TO Conditions, if any, which gove secondary to venous and arterial compression rise to immediate couse (a), DUE TO stoting the underlying couse ifter this certificate has been be detached far use as the State Dept. af Health priar to (c) by tumor mass. 19 WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES RE NO ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form. (Cify or town) (County) (Stote) 20c. TIME OF N.JRY Month, Doy, Year Hour om factory, street, office bldg.etc.) Not While TO FUNERAL DIRECTOR: After to Aug. 21. I certify that (I) (ANNIAN of tended the deceased from 1963 23 . . 1967, that (1) (was lost be retained director, page 3 should should be filed with the 1967, and that death occurred at 10.05P. Hom causes and on the date stated above saw the deceased alive on Aug. 22b. DATE S-GNED 22o SIGNATURE STAFF Aug. 24, 1967 DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Ohannes Sahakyan, M. 6001 Landover Road, Cheverly, Maryland 23b DATE THERFOR 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Trinity Memorial Gardens Walderf Charles 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR DATEAUG 28 VR A15 (4) 25M 1/67 196



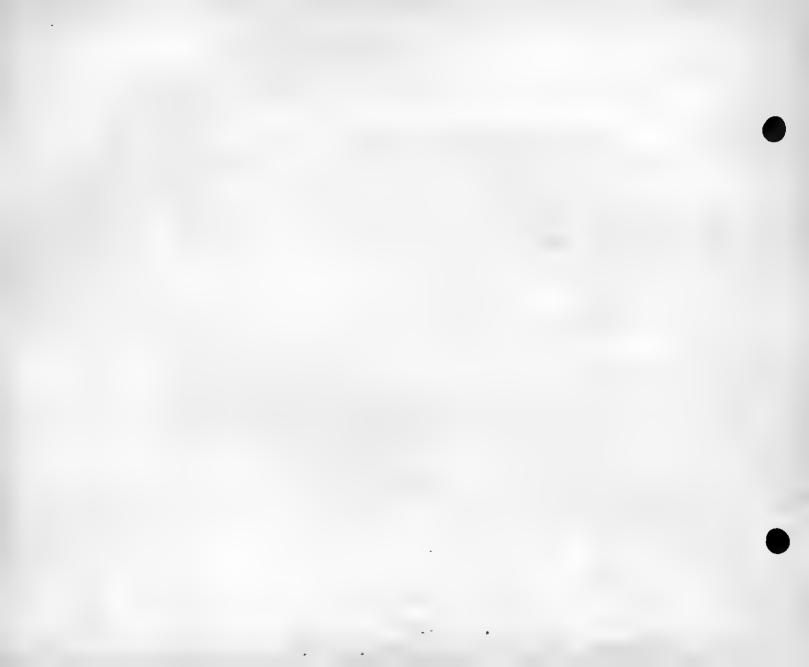
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11450 CERTIFICATE OF DEATH 11455 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY g. STATE b. COUNTY Maryland Prince Georges MARYLAND Prince Georges b. CITY OR TOWN (If autside corparate limits, write RURAL and give necrest tawn) s. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) C. LENGTH OF STAY IN 16 Cheverly 2 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5705 Euclid Street Prince Georges General Hospital YES NO 🔽 NAME OF Middle Mar o 4. DATE Last Month: Day Year DECEASED 0F Gladys **老的主**义 Rilev 1967 (Type or pnnt) Aug. DEATH S. SEX IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years JE UNDER 1 YEAR 7. MARRIED NEVER MARRIED pirthday) Months Days 8/31/98 Female. White WIDOWED RESK DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Ketired Supervisor INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or removal, attending physoemit. Then Austin Kirk Cramer Florence Lewis WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO 2000 Dayton Street (Yes, na, or unknown) (If yes give war or dates of service Mrs. Robert Bennington Silver Spring INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c) signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse be detached far use as the State Dept. of Health priar to has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART 1(g) WAS AUTOPS PERFORMED NO K certificate 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or lawn) (County) (State) Hour om. factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After th Not While ol wark at wark 19 00 to Aug. 7. , 1967, that (1) (303) lost be retained 19 67, and that deoth occurred at 11:30%, from causes and on the date stated above. saw the deceased olive on Aug. 7 22g. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Aaron Deitz. M. Prince Georges Plaza, Hyattsville, Md. 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) Cedar Hill Cemetery Aug LO Suitland 2So. REC D BY REGISTRAR Inc. Pumphrey.



•	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	11451 Items 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11456	r.
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J with n pen Exam File p	Walter F. Lamore Mary C Power	
t. Fi	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown) [(If yes give wor or dates of service)] OZO OZO OZO OZO OZO OZO OZO OZO OZO OZ	1.2
dico him	(res, no, or unknown) (tryes give wor or dotes of service) 979 03 9488 Archibald L Robertson College Park, 1	ıd.
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MEDICAL EXAM pleose execute th director. Page 4 etoined far your DIRECTOR: Page	2) I certify that I took charge of the remains describe pabove, held on Autopsy x, Inspect on x, Inquiry x, and in my	ODIDIOD
bercal E ose exect ector. Pa ined far RECTOR:	death resulted from: Notivol couses Acc dept 1, Suicide , Homicide Undetermined monner	оричен
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O DEPUTY MEDICA necessary, pleose ex the funeral a rector. 5 may be retained to FUNERAL DIRECTO Health prior to build.	NAME (Type) John Kenoe, M.D. Riverdate, Md. Address (Street, city lown or county)	0/
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	MARYLAND STATE DEPARTMENT OF HEALTH 11452 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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requires that the death certificate be executed within 24-hours after death a physicion. Signed by the attending physician and completely filled moy the funeral buriol-tronsit permit. Then please remove corban papers: Pages. Land 2 burial, cremotion, or removal, and in ony event, within 72 hours after death	100. USUAL OCCUPATION (G ve kind at work done during most of working life, even if retired) 101. K ND OF BUSINESS OR INDUSTRY 102. K ND OF BUSINESS OR INDUSTRY 103. FATHER'S NAME 104. MOTHER'S MAIDEN NAME 105. WAS DECEASED FVER IN U.S. ARMED FORCES? 106. SOCIAL SECURITY NO. 17. INFORMANT 107. INFORMANT 108. WAS DECEASED FVER IN U.S. ARMED FORCES? 108. SOCIAL SECURITY NO. 17. INFORMANT 109. Address 109. C A CALLELY 110. USUAL OCCUPATION (G ve kind at work done at work do
AN: The law requires that the death ce all or affending physicion. It is been signed by the attending for use as the burial-tronsit permit. The Heolth priar to burial, cremotion, ar remark.	18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. (IMMEDIATE CAUSE (a) DUE TO (anditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (a), stoting the underlying cause (c) PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) Canditions, if any, which gave rise to immediate cause (a), but the control of the terminal dispase (a) the death of the terminal dispase (a) the terminal
IG PHYSICIAN: The the hospital or at this certificate ho defoched for use te Dept. of Heolth.	PERFORMED? YES NO NO 20a ACC DENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Hour or m p.m. 19 of wark at work of warry street, affice bidg, etc.) PERFORMED? YES NO NO YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The row repage 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health priar to	21 I certify that (I) (this hospital) attended the deceased fram fight 26, 1967, to deceased allow an interview of the saw the deceased alive an arresponding to the state of
TO HOSPITAL OF HOSPITAL OF HOSPITAL OF HOSPITAL DESCRIPTION OF HOSPITAL DESCRI	23a. BURIA. CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c MANE OF CEMETERY OR CREMATORY 23d. OCAYION (City or Tol.) (State) RA FUNERAL DIRECTOR 3 1 1967 25c. REC'D BY REGISTRAR 25b REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRARS SIGNATURE TOLEN STATE DATE OF THE PROPERTY OF CREMATORY 25d. REC'D BY REGISTRANCE 25d. REC'D BY REGISTR

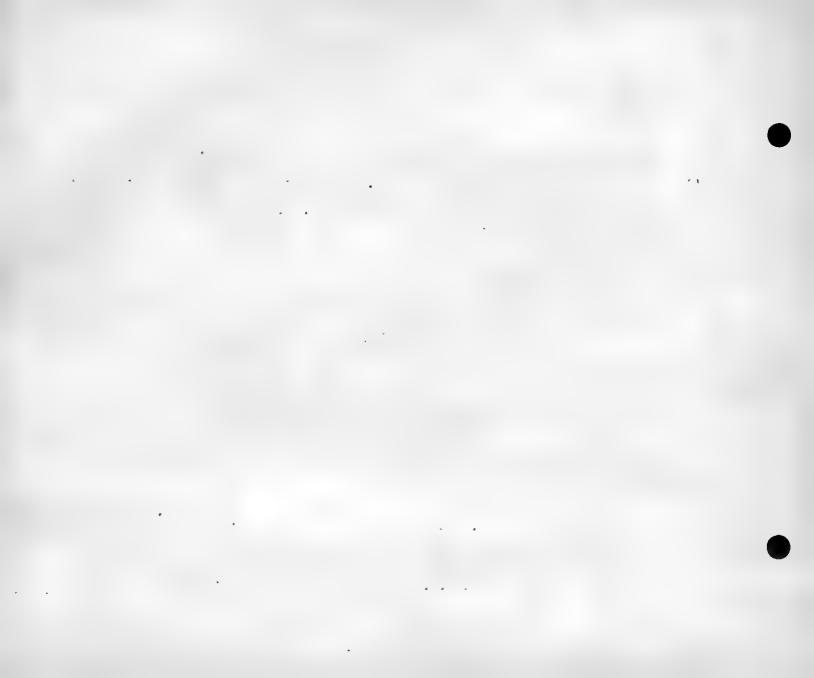


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11458 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY o. STATE b. COUNTY Prince George's MARY, AND Maryland Prince George's delay b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 and DOA Oxon Hill Cheverly e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital give street address) d STREET ADDRESS please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages i director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with for 6139 Oaklawn Road YES NO DO Prince George General Hospital This cert ficate should be executed within 24 hours after death NAME OF Middle Lost 4 DATE Month Year Doy DECEASED 8 (Type or print) Andrew Romjue DEATH 7, MARRIED 9 AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH NEVER MARRIED | last birthday) Manths Dovs and in any event within 72 hours ofter death. WIDOWED DIVORCED Male White 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOB KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (State or foreign country) INDUSTRY U.S. Gov. COUNTRY? Retired La Plata . Missouri USA 13. FATHER'S NAME 14 MOTRER'S MA DEN NAME Maggie Carpenter Edgar L. Romjue 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO. Address Mary C. Romjue Wife Same as # INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Gun shot wound of head DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause lost removal, 19 WAS AUTOPS) PERFORMED? PART I. OTHER SIGN.F.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) NO X 200 EXTERNAL CAUSE WAS PRIMARY STORY CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of tem 18) Ö MEDICAL EXAMINER: CAUSE OF DEATH. Shot self at home MEDICAL 20s P.ACE OF INJURY (Home form 20f (City or town) 20c T ME OF INJURY Month, Doy Year 20d INJURY OCCURRED (State) factory street office bldg letc.) While Not While moy be retained for your FUNERAL DIRECTOR: Page same as #2 Bedroom of home 6:30mpm 8-14of work of work 21 | Certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 , Inquiry 😿 , and in my opinion deoth resulted from: A Notural sauses Undetermined manner the funerol director. Homicide [CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Riverdale, Md. NAME (Type) John Kehoe, M.D. Address (Street, city, town or county) 8-15-67 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Washington, National Cemetery -Suitland, Maryland 25b REG STRAR S SIGNATURE VR A 15ME (S) Bros. 1661- Gd. Hope Rd. SE. Wash., DC DAAUG



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET. BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11459 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Prince Georges o. STATE b. COUNTY filled in by the fune papers. Pages 1 c Maryland MARYLAND Prince Georges b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RJRA, and give nearest town) c LENGTH OF STAY IN 16 34 days Chillum Chever1v d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCI ON A FARM? Prince Georges General Hospital 1514 Madison St. YES NO X NAME OF Middle Lost 4 DATE Month Doy Year carbor DECEASED (Type or print) 19 67 18. Aug. Winifred Sanker DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE (In years 7. MARRIED lost birthdoy) Months Doys White Jan. 19, 1893 Female DIVORCED WIDOWED burial, crematian, ar remaval, and in an 10a USUA, OCCUPATION (Give kind of work done during most of working ite, even if retired)

Retired 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT INDUSTRY O -COUNTRY? signed by the attending physician of burial-transit permit. Then please Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F J Sanker Mary Little ts. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17 INFORMANT Address Hospital records Cheverly. Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: Primary malignant tumor of the brain IMMEDIATE CAUSE (o) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 shauld be detache should be filed with the State Dept. 20d INJURY OCCURRED 20c T ME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form. 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this coupled the deceased from July 15, 1967, ta Aug. 18, 167, that (I) (Wax last saw the deceased alive an Aug. 18, 1967, and that death occurred at 2:45 M, from causes and an the date stated above. 226 SIGNATURE MEDPM 22h DATE SIGNED STAFF ☐ August 19, 1967 MID DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Aaron Deitz, M.D. Prince George's Plaza, Hyattsville, Md. 23b. DATE THEREOF 23c NAME OF CEMETERY OR TREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) REMOVAL (Specify)
Burial Aug 22, 1967 Gate of Heaven Cemetery Wheaton Montgomery Md. ADDRESS BGREDISTEAR 19676 REGISTRAR SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 F. Gasch's Sons Hyattsville, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11455 CERTIFICATE OF DEATH 可以否定证 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o (OUNTY Prince Georges Prince Georges MARYLAND b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Belair in by Belair d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RES DENCE ON A FARM? hin 72 12421 Shawmont Lane filled Shawmont Lane 12421 NO TO NAME OF carban Middle 4 DATE Month First Dov Year and campletely DECEASED SCHULTZ OF DEATH VIOLET MILSTEAD 19 67 August 21_ (Type or print) IF LNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED K NEVER MARRIED b rthdoy) Months Doys Hours female white 11-7-1910 and in any WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife physician ten please INDUSTRY U COUNTRY? Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remaval Martha E. Thompson Thomas Milstead attending p See Item WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Jacqueline Federici/ No. 2 Б burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a)) (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit g ONSEL AND DEATH our leas IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove (b) nse to immediate couse (o), DUE TO stating the underlying couse as the **DIRECTOR:** After this certificate has been priar ta WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of for use of Health p USe YES NO 20b ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Rem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) , page 3 shauld be detache be filed with the State Dept. MEDICAL (City or town) 2Dc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form (County) (Stote) Hour om. foctory, street, office hidg., etc.) Not While OR ATTENDING of work 21 I certify that (1) (this haspital) attended the deceased fram. , that (If (we) last saw the deceased alive an M, fram causes and an the date stated above and that death accurred at 220 SIGNATURE 1 SIGNED ATTENDING PHYS DIRECTOR 224 ADDRESS PHYSICIAN'S TO HOSPITAL FUNERAL Arnold Brody NAME (Type) director, shauld be 230 BURIAL, CREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) pencerville Methodist 8-24-1967 Spencerville 9 Church Cemetery 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Joseph Gawler's Sons, Washington, D.C. DATE AUG



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY o STATE Md. Prince deorge Prince George b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel d NAME OF HOSP TAL OR TASTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Same as #2 Box 14 E Contee Rd. pencil in Item 18, Give Pages NO DC be executed within 24 hours after death 4 DATE OF DEATH 3 NAME OF Month Year DECEASED Charles Shipe (Type or print) Warren shauld be forwarded to the Chief Medical Examiner's Office along IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years last birthday) Months and in any event within 72 haurs after death WIDOWED D.VORCED April 1923 100 USUAL OCCUPATION (Give kind of work done 10b K NO OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) (Yes, no, or unknown) (If yes give war or dates of service) The Cause of DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY. Gunshot wound of head IMMEDIATE CAUSE (o) _ This certificate should writing the word DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoling the underlying couse D. crematian, or removal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19 WAS A STOPSY PERFORMED? NO SE 200 EXTERNAL CAUSE WAS PRIMARY LOSOF CONTRIBUTING 20b DESCRIBE HOW INJRY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) CAUSE OF DEATH Shot self in head with .38 cal automatic pistol. 20c TIME OF INJURY Month, Dov. Year 20e PLACE OF INJURY (Home, form Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page 8:00 pm 8-11-67 Bedroom of home of work 21 I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural cooses Suicide 3d funeral director. Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D., Riverdale NAME (Type) the BURIAL CREMATION 250 RECD BY REGISTRAR 24. FUMERAL DIRECTOR VR A15ME (5 6M 1/67



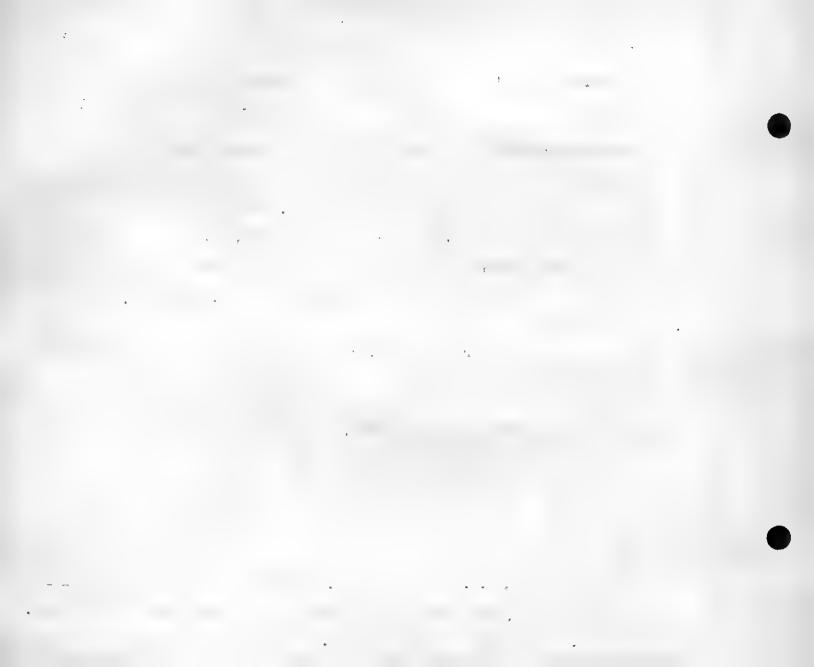
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11458 11463 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral I and ter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o. STATE pletely filled in by the fune garbon papers. Pages I o ety, within 72 hours after de b. COUNTY Prince Georges County XXXXX Maryland MARYLAND Prince Georges b. CITY OR TOWN (If outside carparate firmits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 31 days Clinton Forrestville. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Pine View Gardens Health Care Center 5903 Old Silver Hill Rd YES NO 🐷 NAME OF First Middle 4. DATE Lost Year and completely DECEASED remove carb (Type or print) Elizabeth C. Sloan DEATH August AGE (In years SEX 6 COLOR OR RACE 8. DATE OF BIRTH JE LINDER 1 IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 67 birthday) Months Hours 7-1-00 WIDOWED DIVORCED & 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Gov t Employee INDUSTRY COUNTRY? attending physician permit. Then please Government Johnstown, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Francis Sloan Margaret Brogan IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) No buriol, cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burioktransıt ONSET AND DEATH IMMEDIATE CAUSE (o) signed by **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be reto red by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate cause (o). r this certificate hos been side to detached for use as the bite Dept, of Health prior to b DUE TO stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS' PERFORMED? be detached for use State Dept. of Health NO YES 20o, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) B 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Dr. TIME OF INJURY Month, Doy Year (City or town) (County) (Stote) MED W Hour om. While Not While factory, street, office bldg, etc.) of work 196/, that (1) (we) los 21. I certify that (1) (this hospital) attended the deceased from 196 19-65 7, and that death accurred at 6 35 PM, from causes and an the date stated above FUNERAL DIRECTOR: saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. director, page 3 En 12 MD DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Alfred R. Lapin. M.D. Clinton, Maryland 20735 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (Stote) (County) REMINAL STEELING 8-5-67 Resurrection Clinton, Md. 2 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 4308 Suitland Rd. VR A15 (4 Robert E. Wilhelm Fun. Home Suitland, Md. 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11464 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH · PRINCE MARY LAND b. COUNTY **GEORGES** PRINCE GEORGES MARYLAND C LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate fimits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURA), and give nearest town) ANDREWS AFB 48 Davs CAMP SPRINGS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS physician and completely filled in en please remain USAF HOSPITAL ANDREWS NO V 5204 EDGEMERE YES COURT 3. NAME OF DATE Manth First Middle Day Year (Type or print) OF. HAZEL LOUISE SMITH DEATH AUGUST IF JANDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED remave many eve last buthday) Months Hours FEMALE CAU WIDOWED DIVORCED 9 Feb 1926 12 CIT ZEN OF WHAT 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 1Da USUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired)
HOUSEWIFE INDUSTRY CARROLL, MARYLAND USA NA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remaval Bertha Lindsay E. DEWEY PICKETT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) HUSBAND SAME AS #2 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. OVARIAN CARCINOMA-METASTATIC IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUF TO stoting the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or attending the of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO Kal certificate 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1t of Item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL (State) (City or tawn) (County) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, Hour Laim. Nat While factory, street, affice bldg., etc.) at work TO FUNERAL DIRECTOR: After 1966 to 2 Aug 1967, that \$0 (we) last 21. I certify that (this haspital) attended the deceased from 1 July director, page 3 shauld should be filed with the August 19 67, and that death accurred at 2 . 45M, from causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. **ATTENDING** 2 August 67 DIRECTOR 22d. ADDRESS USAF Hospital Andrews 22c PHYS CIAN S NAME (Type)YANCEY G. CULTON. JR MAJ USA 23c. NAME OF CEMETERY ON CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (State) 23g BURIAL CREMATION. REMOVAL (Spar fy) 8-4-67 Arlington Nat. Cemetery Arlington , Va. 2Sb. REGISTRAR'S SIGNATURE 4308 Suitland Rd. Suitland, Md. 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11460 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11465 2. USUAL RESIDENCE (Where deceased aved, if institution: Residence before admission) 1. PLACE OF DEATH o COUNTY n STATE b COUNTY defay 15 Prince George's

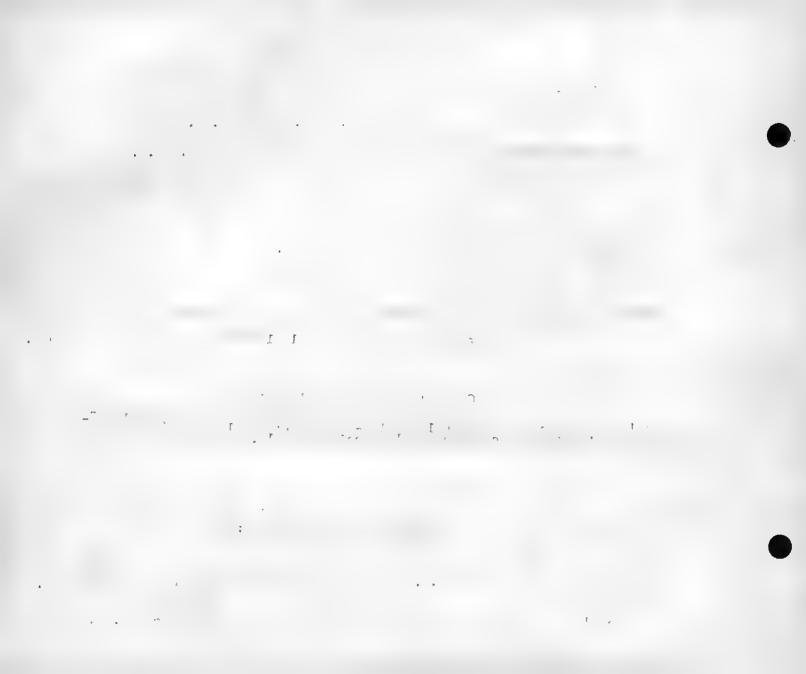
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Prince George's
c. CIY DR TOWN (If outside corporate limits, write RURAL and give necres) town) 2, and 3 t PM3 Pag C. LENGTH DE STAY IN 16 Cheverly DOA Hvattsville
d STREET ADDRESS d NAME OF HDSP TAL OR INSTITUT DN (If not in hospital give street address) e IS RES DENCE ON A FARM? farm n Item 18 Give Pages YES NO IX Prince George General Hospital 5615 Hamilton Manor This certificate shauld be executed within 24 haurs after death with 3 NAME OF Middle 4 DATE Month , ost DECEASED Smith 8 James (Type or print) Elmer DEATH please execute the certificate, writing the ward "pending" in pencil in Item 18 Give I directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang SEX 7 MARRIED ST NEVER MARRIED 8 DATE DE BIRTH 9 AGE (In years E UNDER 1 YEAR 6 COLDR DR RACE lost birthdoy) WIDOWED DIVORCED 17 Aug. 1904 any event within 72 haurs after death 10b. K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN DE WHAT 100 USUAL DCCUPATION (Give kind of work done during most of working life, even 'f ret red) Clothing store COUNTRY? A. Baltimore, Md. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Lena Frances Clayton Samuel Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, arunknown) (I yes give wor ar dotes of service) 577 05 5471 Mary Smith Hyattsville, Md. no INTERVAL BETWEEN ONSET AND DEATH Minutes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Heart failure Unknown Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (a), ond in DUE TD stoting the underlying couse be used 19 WAS AUTOPSY PEREDRMED? crematian, or remava, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION Rheumatoid arthritis - over 10 years. NO IX 200 EXTERNAL CAUSE WAS PRIMARY III or CONTRIBUTING III 20b DESCR BE HOW INJURY OCCURRED (Enter noture of in mry in Port I or Port II of tem 18) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form (City or town) 20d NURY OCCURRED (County) (Stote) 20c TIME OF .N. LRY Month, Doy, Year factory, street, office bldg., etc.) While Not While 21. * certify that I taok charge at the remains described above, held an Autapsy [], Inspection [] Inquiry 5t and 'n my opinian Accident Su'cide Hamicide Undetermined manner death resulted fram Natural causes CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CA, EXAM NER **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. NAME (Type) Address (Street, city town or county) 23c NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (Stote) 500 Burial (Spe fy) Colmar Manor Pro Geo Md. Ft. Lincoln Cemetery Aug 4. 1967 250 RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL D RECOM Marles VR A15ME Hyattsville, Md. F. Gasch's Sons



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death. death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Q, STATE b. COUNTY MARYLAND rince Georges c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits) c. LENGTH OF STAY IN 1b Within 72 hours write RURAL and give nearest town) TON verdal ma d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) felyskilled in d. STREET ADDRESS e S RESIDENCE ON A FARM? YES NO X PHYSICIAN: The law remuires that the death certificate be executed within NAME OF Middle 4 DATE First Last Day Year DECEASED 0F eresa (Type or pnnt) DÉATH event, complet 8 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS hday) Manths Doys Hours and in any DIVORCED WIDOWED Female and TO USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) physician on please INDUSTRY COUNTRY ? Monticello Indiana 13. FATHER'S NAMI 14 MOTHER'S MAIDEN NAME or removal, VER ALICE offending parent. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT SHMENSX SHARMER JAMES (Yes, no, or unknown) (If yes give wor or dates of service) buriar, crematian, IB. CAUSE OF DEATH (Enter on y one cause per line far (a), (b) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending this certificate has been as the priar tal lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. detached far use te Dept af Health p YES NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Port II of item 1B.) 20a ACC DENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) Haur a.m. Not While factory, street, affice bldg., etc.) of work Affer of work 21. I certify that (I) (this haspital) attended the deceased fram 19_67 hat (I) (we) last and that death occurred at 355 saw the deceased alive an A M, from causes and an the date stated above 220 SIGNATURE DATESIGNED **5** MD. DIRECTOR PHYS filed PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S E NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) ARLINGTON, Q 24. FUNERAL DIRECTOR VR A15 (4) Charles Judge 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11463 11467 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) I PLACE OF DEATH o. COUNTY o. STATE 3 10 Prince George MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)
CheverLy DOA Baltimore a NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE Office alang with farm ON A FARM? Prince George Hospital Parktowne Rd. #34 icate, writing the ward "pending" in penal in Item'18. Give Pages be farwarded to the Chief Medical Examiner's Office along with fan YES NO DE 3 NAME OF Middle 4 DATE DECEASED Wilbiam Gwinn Smith (Type or print) DEATH S. SEX NEVER MARRIED 9 c IF (In years IE UNDER 1 YEAR | IE UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH Months rthdoy) in any event within 72 hours after death. WIDOWED DIVORCED 13 Oct., 1948 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY INDUSTRY Louisville Kentucky Bendix Radio Employee

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Erma B. Gwinn Roy M. Smith 17 INFORMANT IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) Same Mr. Roy M. Smith 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN buria -transit ONSET AND DEATH Laceration of brain IMMEDIATE CAUSE (a) _ DUE TO Conditions, if any, which gave Minutes. Trauma-auto accident rise to Immediate cause (o). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 9 WAS AUTOPSY PEREORMED? NO SE 200 EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of mary in Port or Port II of item 18) 3 shautd CAUSE OF DEATH Driver of car involved in collision MEDICAL 20d INJURY OCCURRED 2 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f (City or town) foctory, street, office bldg, etc.)
Cedarville Rd... Not While While Brandywine, P.G. 11.00 pm 8-12167 of work of work 21 | certify that I took charge of the remains described above, held on Autopsy ... Inspection x, Inquiry x, and in my opinion death resulted from. Natural Jauses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIG NATURE DEPUTY MEDICAL EXAMINER 😾 8-13-67 **EXAMINER'S** John Kehoe, M.D., Riverdale Address (Street, city, town or county) NAME Type 236 DATE THERE'SE 23c NAME OF TEMPTERY OR CREMATORY 23d LOCATION (City or Town) 23e B JR AL CREM Hinton, West Virginia Restwood Memorial 8/-18/67 250 RECD BY REGISTRAR_ VR A15ME (5) 6M 1/67 Leonard J. Ruck Inc. 5305 Harford Rd. 21214



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FF468 11464 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY % STATE Maryland b. COUNTY Prince Georges in papers. Pages L Prince Georges MARYLAND b CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Brentwood 24 days Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? .= Prince Georges General Hospital 4519 Banner St. YES NO 3 NAME OF Middle First Last DATE Day Year DECEASED William L. Smith 19 67 (Type or print) DEATH Aug. remove car S SEX 7 MARRIED 123 IF UNDER I YEAR SE UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy) Months Hours and in any Male Colored WIDOWED DIVORCED 8/27/1914 and 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) UCOUNTRYA attending physician i INDUSTRY WASHINGTON, D.C. PORTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, SUSIE GRANT WILLIAM T. SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT BENNING . RD (Yes, no, or unknown) (If yes give wor or dates of service 212-14-5611 KATHERINE S. JONES INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), burral-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) E 211 **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying cause Dept. of Health prior to 19 WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NOxex certificate for 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part It of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year 204 INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (County) Not While factory, street, office bldg., etc.) at work 2] I certify that (4) (this haspital) attended the deceased from July 11., 19 67, to Aug. 4., 1967, that (8) (we) last saw the deceased alive an Aug. 4. 1967, and that death accurred at4:55 AM, from causes and on the date stated above. DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED Aug. 4,1967 director, page 3 should be filed v DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S TO FUNERAL NAME (Type) William B. Gunther, M.D. Prince Georges General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION (State) REMOVAL (Specify) HIGHLAND PARK 8/8/67 2Sb. REGISTRAR Charles



THE	1 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	MARYLAND
	E 502		469
	death.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission
	重量	TRUICE LEBETES MARYLAND S. STATE THE D. COUNTY	100/18298
	by the	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY, IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give yearest town)	L and give nearest town
	t hours ed in by Pers. Page 72 hours	D. NAME OF HOSPITAL OR, INSTITUTION (if not in hospital, give, street address) d. STREET ADDRESS	l e. IS RESIDENCE
	filled papers.	Apostorille Turcino House too Chillen Band	e. IS RESIDENCE ON A FARM? YES NO
	within 24 hours after death pleter, filled in by the funeral arbon papers. Pages 1 and 2 arbon papers, pages 1 and 2 arbons after death it, within 72 hours after death	3 NAME DF DECEASED First Middle Last 4 DATE Month	Day Year
	comple ve car event,	(Type or print) SATAH - ONYDER DEATH CURLEN	10 1967
	executed and com remove c n any ever	Menths Months	Days Hours Min.
		10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County's State, or foreign country) 42. C	CITIZEN OF WHAT
	te by ysici oleas nand	Homemaker at Home Barlow Maryland	12. S. H.
	aw requires that the death certificate be executending plysician. thas been signed by the attending physician and that be burial-transit permit. Then please remove as the burial, cremation, or removal, and in any prior to burial, cremation, or removal, and in any	13. FATHER'S NAME There is an C Cutches Martha MC Gunna	34/4/
	cer endir t. Ti	15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	feath atto ermi on, o	(Yes, no, orbinkown) (If yes give war or dates of service) Miss Ruth E. Snyder (Dame a	1-42)
	y the sart p	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	law requires that tattending pllysician. has been signed be as the burial-tram hprior to burial, ore horior to burial, or the horior to burial, or the horior to burial, or the horizontal	PART I. DEATH WAS CAUSED BY: Arteriosclerosis, generalized	undet.
	sign Lind	OUE TO Conditions, If any, which 1	
	duff pg p	gave rise to Immediate	-
	ttendii ttendii has be as th prior	underlying cause last. (c)	
	(1)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART L(a)) 19. WAS AUTOPSY PERFORMED?
	N: The late or at title or at tifficate h for use to Health (I Kenal calculus with chronic fyelonephritis	YES NO Z
		Renal calculus with chronic Pyelohephritis 20a. Accident was underlying Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	3.)
	PHYSICIA the hospi this cer detached e Dept. of		ounty) (State)
	संकृष्ट 🕿 🗷	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, lower) Hour a.m. While at work at work	
		21. I certify that (1) (this hospital) attended the deceased from Jah 9, 1964, to aug 10, 196	The state of the same
		saw the deceased alive on \$\\\ 8 \\\ 1967, and that death occurred at 2\(P \) M, from the causes and on \$\\\\ 22a. SIGNATURE \\ 22b. I	the date stated above
	DIRI DIRI Tiled	M.O. ATTENOING MEO. OIRECTOR PHYS. 0	110/67.
	FOR HOSPITAL OR Page 4 may be to FUNERAL DIRI director, page should be filed	PHYSICIAN'S NAME (Hype) / 1 am F. Simpson MD 6216 NA are NE	
	Page Page O FUN direct	23a. BURIAL, CREMATION, 23b. DATE THERFOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
		24. FUNERAY DIRECTOR // / ADDRESS 3 / // 252 REGISTRAR 25b. REGISTRAR	US SIGNATURE
	VR A15 (4)	Wather Waters Washington & E 200/2 DATE AUG 1 4 1967 Julia	nees Juage
	20M 1/65		



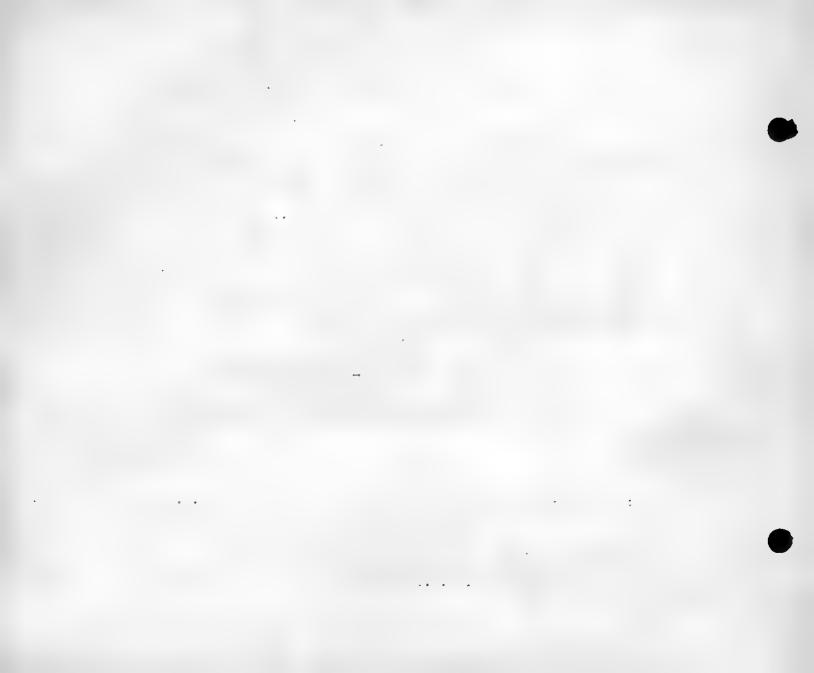
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120]. 4 7 (2) CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. ve carton papers. Pages I and 2 event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND PRYLAND TENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate I mits c. CITY OR TOWN (If autside carparate limits, write RURA), and give nearest town) write RURAL and a ve nearest tawn) (BelAir) Zip 20715 France Cheverly filled in I d NAME OF HOSPITAL OR INSTITUTION (t not in hospito, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 13209 Idlewild Drive YES 🗀 NO. 3 NAME OF Middle DATE Manth Year DECEASED 19 6 (Type or print) DEATH CHARY S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED X **NEVER MARRIED** birthday) Manths Days Hours remai burial, crematian, or remaval, and in any DIVORCED pup KIND OF BUSINESS OR 17 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRYNOW YORK COUNTRY? physician NEW YORK 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys. Charles Sohl Gesine Kreutzner (Yes, no, or unknown) (If yes give war or dates at service) 16. SOCIAL SECURITY NO 17. INFORMANT permit. Same as Item 101-05-1790 Mrs. Jeannette Sohl-NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY.

A F D F D D signed by the burial-transit p ONSET AND DEATH REBRO-VASCULAR ACCIDENT (HEMORRHAR DUE TO ARTERIOSCLEROSIS Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PERTENSIVE - ARTERIOSCLEROTIC C.V. DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS!
PERFORMED? NO Page 4 may be retained by the haspital or 20o ACCIDENT WAS UNDERLYING . 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Hour a.m. Not While at work at wark 21. I certify that (1) (this hospital) attended the deceased from NOV. , 19 6 7, that (I) (we) last , 1965 to AUG saw the deceased alive an AUC 19 6 7, and that death accurred at 8 33 P. M. fram causes and an the date stated above. 22b. DATE SIGNED 22o SIGNATURE ATTENDING DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL. CREMATION. 23b. DATE THEREOF (County) (Stote) Bur PFMOVA (Specify) 23/67 Mt. Olivet Cemetery Maspeth. N. Y. 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Ritchie Bros. Upper Marlboro. Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

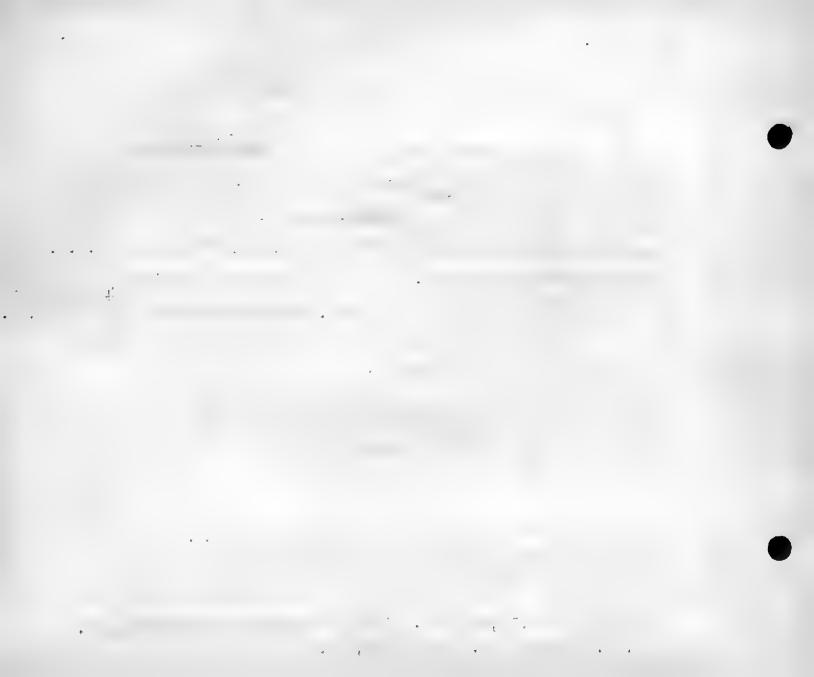
I C : * * * *

. 1	MARYLAND STATE DEPARTMENT OF HEALTH
A I no	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. PLACE OF DEATH
	o COUNTY b. COUNTY
₹ 0 ±	Prince George MARYLAND Md. Montgomery b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY N 1b CCITY OR TOWN (If outside corporate m is write RURAL and a ve nearest town)
i ade	write RURAL and give negrest town
f crity de 1, 2, and rm PM3	Cheverly DOA Takoma Park d NAME OF HOSP TAL OR INSTITUTION (1 not in hosp to, g ve street address) d STREET ADDRESS e is residence.
De la .	ON A FARM?
hours ofter death If a litem 18. Give Pages 1, Office olong with form tond 2 with the State De r death.	Prince George General Hospital 302 Patterson Court 165 No 🔀
ofter death 8. Give Page colong with the Stot	3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED OF OF
o sive	(Type of pant) Michael Stevens DEATH 8 9 27 19 67
000	lost burthdoy) Months Doys Hours Man
hours tem 18 Office ond 2	M White WIDOWED DIVORCED 27 Feb., 1942 2526/45
ho lon fr d	100 JSUAL OCCUPATION (Give kind of work done during most of working file even frequed) 100 KIND OF BUSINESS OR 11, BIRTHPLACE (Stote or foreign country) 2 CIT ZEN OF WHAT COUNTRY?
24 In	13 FATHER'S NAME
n pencl in Exom ner's File poges 2 hours afte	CARROLL G. STEVENS VERONICA KACKETT
Two File	15 WAS DECEASED EVER IN ILS ARMED FORCES? LIA SOCIAL SECTION NO. 17 INFORMANT Address
be executed within 24 hours "pending" in pencil in Item " inef Medicol Exominer's Office onsit perm t. File pages Tond 2 ent within 72 hours after deal	(Yes, no, or unknown) (If yes give wor or doles of service) (Yes, no, or unknown) (If yes give wor or doles of service) (Yes, no, or unknown) (If yes give wor or doles of service) (Yes, no, or unknown)
exe andi Me With	IB CAUSE OF DEATH (Enter only one couse per ine for (a) (b), and (c))
d be ed 'pe Chief Tronsit event	PART I DEATH WAS CAUSED BY CLICAL I IMMEDIATE CAUSE (o) Laceration of brain Minutes
should be en word "per or the Chief burnal-tronsit on any event or the chief or the Chief or the chief or the word of the chief or the	817. 4 DUE TO
sho th any	Conditions, if only, which gove (b) (b) Trauma Sauto Accident
frote should be ing the word "perded to the Chief as o bund-tronsit and ond in any event	stoting the underlying couse DUE TO
	(c)
s certificate she e, writing the v forwarded to the v used as o burn noval, and in an	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUT JPSY PERFORMED?
EXAMINER: This certificate use the certificate, writing thage 4 should be forwarded to your files. Page 3 should be used as a cremation, or removal, and in	₹ YES NO 🙀
	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 1B)
EXAMINER: Tute the certific age 4 should by your files. Page 3 should cremation, or t	CAUSE OF DEATH Baiver of car which collided with bridge railing
The state of the s	20c T.ME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJRY (Home farm 20f (City or town) (County) (State) Hour om While Not While For the bldg etc.)
XAX Se vous	1 3 CA SHIP 8-27 "BY I I WORK CALL ALL TO ALL IT JOIL F.V. Ma.
Page Page 19.	21. I certify that I took charge of the remains described above held on Autopsy 🔲 , Inspection 🔀 , Inquiry 😿 , and in my opinion
CT of the CT of	deoth resulted from: Notural couses Accident 🐷 // Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌
MECCAL EXA please execute director Page etoined for you DIRECTOR: Page r to buriol, crem	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
Y N P P P P P P P P P P P P P P P P P P	SIGNATURE
Sary Sary Sary LER/	EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER 4 Address (Street, city, town, or county) 8-27067
O DEPUTY MESTAL EXAM necessary, please execute the funerol director Page 45 may be retoined for your 0 FUNERAL DIRECTOR: Page Health prior to buriol, creman	230 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMELERY, OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)
5 g t v 5 T V	RESERVAL Specific 19-1-67 Galto Justimes Esa. Batto. m.f.
10 A S C C C C C C C C C C C C C C C C C C	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 250 REC D BY REC D BY REGISTRAR 250 REC D BY
VR A15ME (5) 6M 1/67	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR S. S. G. MATURE STORES AUG. 3 1 1967 Catanas S. G. Matures Junger

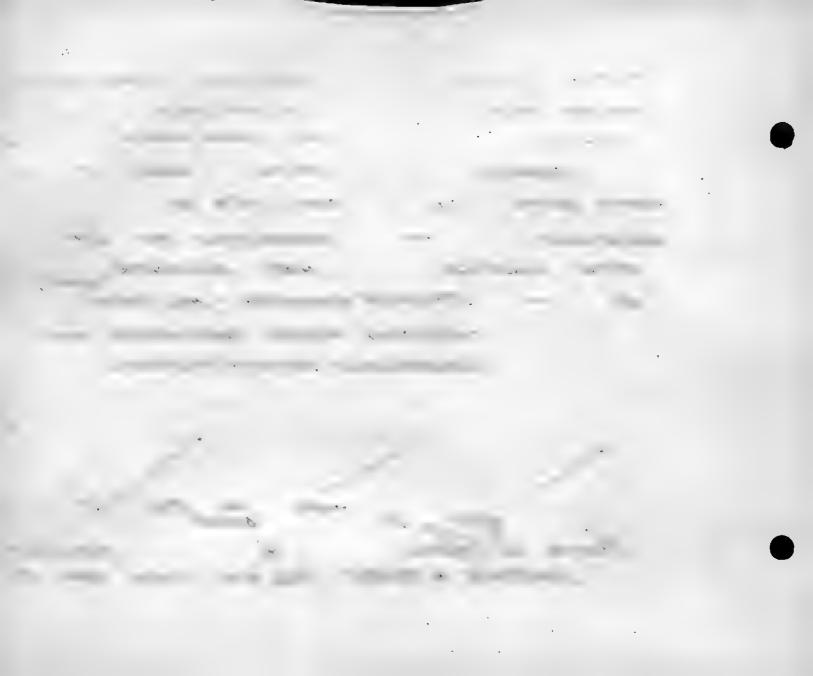


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11469 11472 CERTIFICATE OF DEATH ly filled in by the funeral papers. Pages 1 and 2 within 72 haurs after death. The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE Maryland **b**_COUNTY Prince George's MARYLAND Prince George's c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Lanham Cheverly 3 days d. STREET ADDRESS Olling d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RES DENCE ON A FARM2 Prince George's General Hospital NO A 3. NAME OF First Lost DATE Month Year DECEASED Stinson, Jr. OF DEATH Stewart Bryan August 9 19 67 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED TIE NEVER MARRIED last birthdov) White Male WIDOWED March 17, 1935 rem 100 USLAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Auto Pak Richmond, Virginia

14. MOTHER'S MAIDEN NAME Auto Mechanic & Droftman burial, cremation, or remaval, Stewart Bryan Stinson Sr. Elizabeth Williams 15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 5\$23 55th Pl (Yes, no, or unknown) (If yes give war or dotes of service) Mrs. Jane Kay Stinson Riverdale Md. 18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c).) INTERVAL BETWEEN OFSET AND DEATH signed by the burial-transit PART I. DEATH WAS CAUSED 8Y. Thrombosis of Coronary Artery with Acute myocardi DUE TO infraction. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS) PERFORMED? YES X ΝO certificate far 20p. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF IN. JRY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) FUNERAL DIRECTOR: After this Not While factary, street, office bldg., etc.) ot work 21. I certify that (1) (this hospital) attended the deceased fram. , 19 67, to 8/9 _, 19_6.7, that (I) (we) last 8/6 saw the deceased alive an 8/9 _____19 67, and that death accurred at 6:50M, from causes and on the date stated above 220 SIGNATURE 22b. DATE SIGNED Nouvemoly m M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S T. U. HERNANDEZ, MD PRINCE GEOIDE'S Gen. Hospital NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. 8URIÁL, CREMATION, Ft. Lincoln Cemetery Bladenshurg
ADDRESS 250. RELD BY REGISTRAR 250. REGIST 24 FUNERAL DIRECTOR W. CHAMBERS CO., Riverdale, Md.

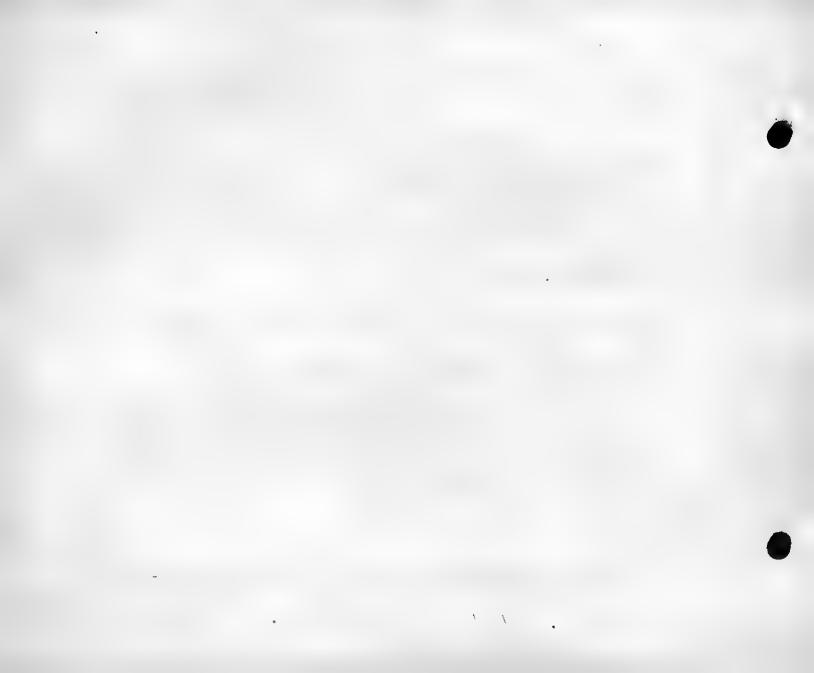


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral at, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY after a PRINCE CEURGES PRINCE MARYLAND MARYLAND GEORGES Pages b. CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) 2 hours TAKOMA PARK TAKOMA Ξ. Hed in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 DN A FARM? ALLEN 445 ETHAN ALLEN No D Ď YES within e achon 3. NAME OF First Middle DATE Last Month Day Year DECEASED DFATH STRITE FRANCES (Type or print) AUGUST 19 67 executed 6. COLDR OR RACE 5. SFX геточе 7. MARRIED DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR IF UNDER 24 HRS 2 NEVER MARRIED □ last birthday) Months Days Hours and any SUNE WIDOWED DIVORCED = 1Da. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease during most of working life, even if retired) INDUSTRY COUNTRY and 11.5A 4ACERSTONN OUSE WIFE death certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then ULLRICH BRENNER MARY15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. I 17. INFORMANT (Yes, no. or unkown) | (If yes give war or dates of service) -123-2691 DAUGHTER € been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). attending physician. CEREBRAL UNDET , DUE TO GENERALIZED ARTERIOSCLEROSIS Conditions. If any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause tast. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate h for use Health PERFORMED? YES NO DE hospital 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EXTHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) o 0 MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 204 PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det State Hour a.m. factory, street, office bldg., etc.) Not While at work After While ATTENDING p.m. at work retained 0 1955 to 21. I certify that (i) (this hospital) attended the deceased from YUNE shoul ECTO saw the deceased alive on. 219.6.2. and that death occurred at 100 materials the causes and on the date stated above. 22a. SIENAFORE DATE SIGNED 22b. E 0 ATTENDING RIOTERIC DIRECTOR 4 may pa HOSPITAL ADDRESS 22c. PHYSICIAN'S 22d. FUNERAL director, p NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 235 DATE THEREOF REMOVAL (Specify) 232 LOCATION (City, town or county) (State) 0 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE G DATEA VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11470 11474 CERTIFICATE OF DEATH within 24 hours after death. Seath funerol 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY STRICT OF COLUMBIA ely filled in by the fun-Bon popers. Pages 1 of within 72 hours aftero PRINCE GEORGES MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h WASHINGTON ANDREWS AFB Mos 9 Days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A STREET ADDRESS B IS RESIDENCE ON A FARM? filled i 1714 Otis St. USAF HOSPITAL ANDREWS NO V YES 3. NAME OF Lost 4. DATE Month Dov Year DECEASED (Type or pnnt) burial, cremotion, or removal, and In any event, LIGHTFORD SWARN DEATH AUGUST In years IF UNDER law requires that the death certificate be executed 6 COLOR OR RACE 9 AGE (In years YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthdoy Months Dovs Hours WIDOWED DIVORCED 16 June 1943 NEGROE MALE 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
USAF USAF COUNTRY? USA Plainfield, Indiana 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys CHARCHEL L. SWARN NANCY V. MITCHEM 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO 17 INFORMANT Address 309-44-2620 WIFE SAME AS #2 YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY.

CARDTAC A INTERVAL BETWEEN burial-tronsit CARDÍAC ARREST ONSET AND DEATH IMMEDIATE CAUSE (o) the hospital or ottending physician. DUE TO Conditions, if any, which gave UREMIC MYOCARDOPATHY rise to immediate cause (a), DUE TO stating the underlying couse the CHRONIC GLOMERULONEPHRITIS last SD PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) nos 19 WAS AUTOPSY PERFORMED? NO 20o ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH O FUNERAL DIRECTOR: After this certification, page 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Store) Hour o.m. Not While factory, street, office blda, etc.) of work ATTENDING of work 21. I certify that (1) (this haspital) attended the deceased from 13 May. , 19 67, to 22 Aug., 19 67, that (1) (we) last Poge 4 may be retained director, page 3 should should be filed with the saw the deceased alive on 22 Aug 19 67, and that death accurred at 9 - 40M, from causes and on the date stated above 220. SIGNATURE 22b DATE SIGNED STAFF PHYS kx 22 Aug 67 M.D PHYS DIRECTOR 27d ADDRESS USAF Hospital Andrews 22c PHYSICIAN S NAME (Type) TOHN LINDEMAN. MC CAPT USAF Andrews AFB Wash DC 20331 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify)
Urial Rom Plainsfield, Indiana Maple Grove Cem. 24. FUNERAL DIRECTOR alls Churk Funerat Home Church, Virginia 2So REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) Milarles DATE AUG 25 Falls 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11475 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince Georges o. STATE b. COUNTY Maryland MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) REPAL and give nearest town) requires that the death certificate be executed within 24 haurs crematian, ar remayal, and in any event, within 72 haurs Yrs Mt Rainier please remave carban papers. filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ordress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 4402 32nd Street 4402 32nd Street NO NAME OF Middle 4. DATE First iost Month Dov Year attending physician and campletely DECEASED Tarafas Mary 30 1967 (Type or print) August DEATH SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED **B DATE OF BIRTH** lost birthdoy) Months Days Hours White Fama la WIDOWED DIVORCED June 10d USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Pennsylvania vene 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeseph McNulty Anne Brett 17. INFORMANT usband IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 4402 Street (Yes, no or unknown) (If yes give wor or dotes of service) permit 203-09-7113 John Tarafas Mt Rainier. INTERVAL BETWEEN ONDET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO buria Conditions, if ony, which gove rise to immediate couse (a). DUE TO Page 4 may be retained by the haspital ar attending stoting the underlying cause director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior ta has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO YES T FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 19 ot work 21. I certify that (I) (this haspital) attended the deceased fram Course 161, 1967, ta Course C, 1967, that (I) (we) last saw the deceased alive an Course of 1967, and that death occurred at 530M, fram courses and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. MAYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) (9-2-1967 St Lawrence Church Com Catasauqua. 0 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Nalley Funeral Mt Rainier, Md. DATE SEP Home





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11473 11477 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission) a. COUNTY o STATE b COUNTY Prince George's

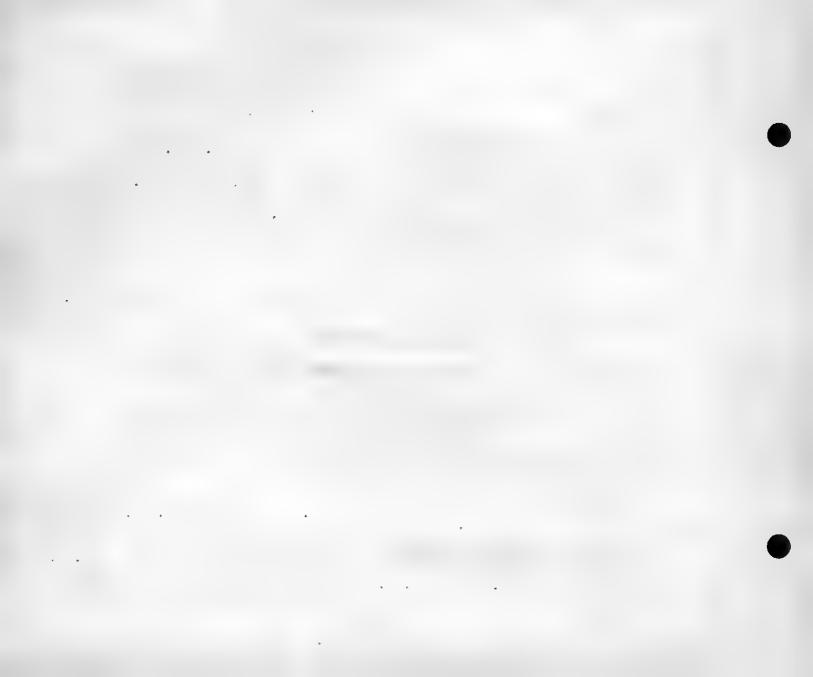
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Prince George's

C CITY OR TOWN (f outside corporate in its, write RURAL and give nearest town) Maryland MARYLAND c LENGTH OF STAY IN Th pup Fairmont Heights Cheverly 23 minutes d NAME OF HOSP TAE OR INSTITUTION (If not in hosp tol, give street address) B IS RESIDENCE ON A FARM? 5507 Sheriff Road NO S Prince George General Hospital YES. in Item 18. Give Pages please execute the certificate, writing the ward "pending" in penal in Item 18. Give Paga I director Page 4 shauld be farwaraed to the Chief Medical Examiner's Office along with 3 NAME OF DECEASED (Type or print) 4 DATE tast Year OF DEATH Terrell James Richard NEVER MARRIED 6 COLOR OR RACE B DATE OF BRTH 9 AGE (In years 7 MARRIED lost birthdoy) Months Days and in any event within 72 naurs after death. DIVORCED WIDOWED May 1909 Male Negro 100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUS NESS OR 12 CIT ZEN OF WHAT during most of worker te, even /(retired) INDUSTRY 14 MOTHERS MAIDEN NAME be executed within 17 INFORMANT 15 WAS DECEASED EVER IN LIS ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, or Linknown) (If yes give wor or dates of service INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) burial-fransit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Sub-dural hematoma, bilateral The certificate shauld DUE TO And multiple pelvic fractures Conditions, if ony, which gove (b) From trauma - auto accident rise to immediate couse (a). DUE TO stoting the underlying couse crematian, ar remayal, PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? YES 🔀 NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 1B.) 3 shauld PRIMARY 50 or CONTRIBUTING CAUSE OF DEATH Pedestrian struck by car. 20e PLACE OF INJURY (Home form, 20f (City or town) (State) 20c TIME OF NURY Month, Doy, Year When the street office bldg. etc.)

Sheriff Rd. & Nash Rd. Prince George Co. may be retained far yaur FUNERAL DIRECTOR: Page 1:55am pm 8-13-21. 1 certify that I took charge of the remains described above, held on Autopsy (x), Inspect on (x), Inquiry (x), and in my opinion death resulted from Accident R. Suicide , Homicide Undetermined monner Noturol equies funeral directar CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X NAME (Type) John Kehoe, M.D. Riverdale,_Md. Address (Street city town, or county) 230 BURIA CREMATION 500 VR A 15ME (5



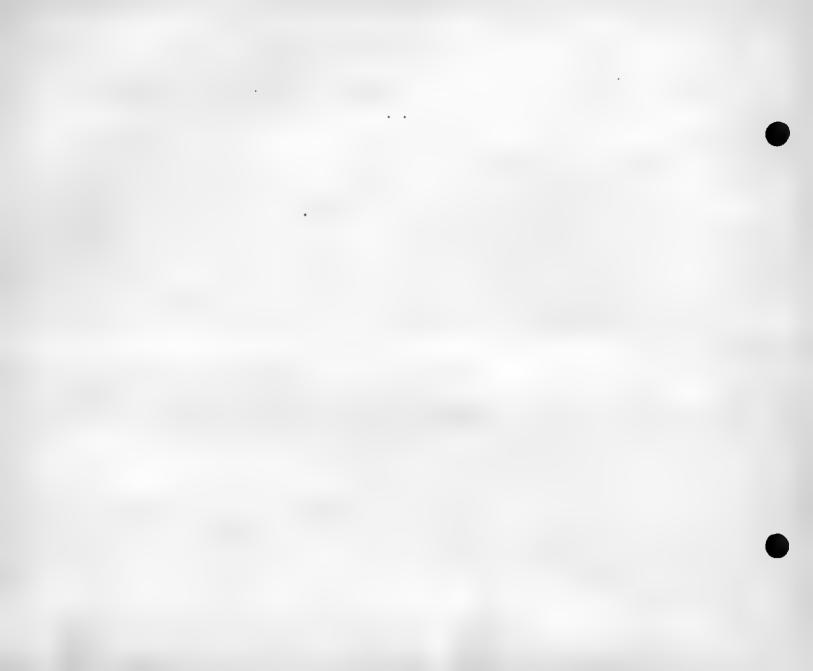
MARYLAND STATE DEPARTMENT OF HEALTH



7 1	Items 18&21 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH 9-20-67 ams division of vital records, 301 W. preston street, Baltimore. Maryland 21201
FOR STATE	11475 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11479
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE b. COUNTY Virginia
e E E	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hyattsville C LENGTH OE STAY N Ib Fairfax
ath. If any ages 1, 2, c th farm PM State Depart	d NAME OF HOSP TAL OR INSTITUTION (If not in hospitoling ve street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM?
Pages 1, with farm the State Dep	In front of 3803 73rd. Avenue 3961 Perisimmon Drive YES NO 13. NAME OF Eirst Middle Last 4. DATE Month Doy Year
9	DECEASED OF OF OF OTHER OF OF OTHER OF OF OTHER OF OTHER OF OTHER
rs afte 18 G e apon 2 with	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE T B RTH 9 AGE (In years lost birthdoy) Months Doys Hours Mi
thin 24 haurs after and in term 18 G on more's Office appropriate Jand 2 with urs after death.	100 SUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 HPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 12 COUNTRY? 13 COUNTRY? 14 COUNTRY? 15 COUNTRY? 15 COUNTRY? 16 COUNTRY? 17 COUNTRY? 17 COUNTRY? 18 COUNTRY? 18 COUNTRY? 19 COUNTRY? 19 COUNTRY? 19 COUNTRY? 19 COUNTRY? 10 COUNTRY? 10 COUNTRY? 10 COUNTRY? 10 COUNTRY? 10 COUNTRY? 11 COUNTRY? 12 COUNTRY? 13 COUNTRY? 13 COUNTRY? 14 COUNTRY? 16 COUNTRY? 17 COUNTRY? 17 COUNTRY? 18 COUNTRY? 18 COUNTRY? 18 COUNTRY? 18 COUNTRY? 19 COUNTR
hin 2 nincil i nincil nincil page urs al	13. FATHER'S NAME
d wrt in pe Exar File 72 hai	Andrew J. Teomes Resa Frank Is was deceased ever in U.S. armed Forces? 16 Social SECURITY NO 17 INFORMANT Address Fairfax. Va.
ing" ing" ed cal	(Yes, no, or unknown) (If yes, qive wor or dotes of service) 496—18—5208 Mrs Beryl W. Teemes 3961 Persimmen Er.
WEDICAL EXAMINER: This certificate should be executed within 24 haurs after death, please execute the certificate, writing the ward "pending" in pencil in item 18 G will Page all director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with tretained far your files. IL DIRECTOR: Page 3 should be used as a burial transit permit. File pages land 2 with the State or to burial, crematian, or remaval, and in any event within 72 haurs after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gove isse to immediate couse (a), stoting the underlying couse lost (c) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
is certifie, writ farwari e used inaval, c	DADT IL OTHER SIZE CONTROL CONTROL TO DIAT. BUT NOT DELLE TO THE TOTAL TO THE TOTAL TO DIAT. TO THE TOTAL A DELCE CONTROL OF ME A DATE INC.
INER: The e certifical shauld be files. Shauld be shauld be sian, or rer	PERECRMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH AND INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH 201 INJURY Month Doy, Yeor 202 INJURY OCCURRED 208 PLACE OF INJURY (Home, form, fortory, street, office bldg, etc.) 203 INJURY OCCURRED (Stote form) (County) (Stote form) (County) (Stote form)
(AMINI te the c le 4 sho /aur fill age 3 si ematian	p.m. 19 of work 🗀
DEPUTY MEDICAL EXAMINER: necessary, please execute the certite funeral director. Page 4 shaulds may be retained far yaur files. TUNERAL DIRECTOR: Page 3 shauld health prar to burial, cremation, or	21. I certify that I took charge of the remains described above, held on Autapsy 🔭 Inspection 🙀 Inquity 🔀 and in my apin deoth resulted fram. Natoral causey 🖾 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undetermined monner 🗍
D DEPUTY MEDICA necessary, please ex the funeral directar 5 may be retained 7 FUNERAL DIRECTOR Health prar ta built	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER DEPUTY MED CAL EXAM NER DEP
o DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health pr	NAME (Type) John/Kehoe, M.D. Riverdale, Md. Address (Street, cty, town, or county) 8-2-67
TO DEPUTY necessary, precessary, precessar	230 BURAL (REMATORY 23b DATE THEREOE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cty or Town) (County) (Stote) REMOVAL (Specify) 8/5/67 Portland Cemetery Portland, Missouri
VR A15ME (5) 6M 1/67	24 ELMERAL O RECOVER C. M. West ADDRESS O. S. P.

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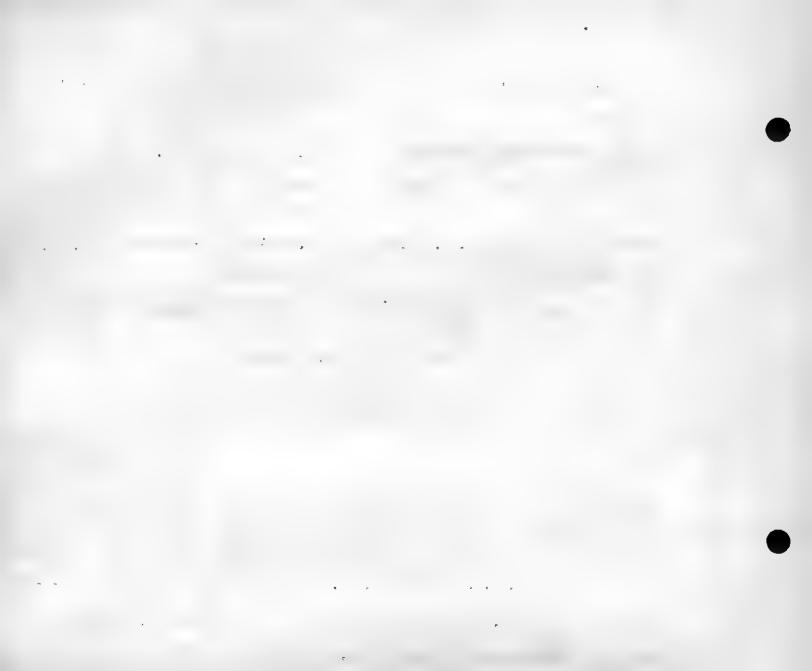
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	11470 CERTIFICATE OF DEATH 11480
by the funeral Page i end	1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND D. CITY DR IDWN (if autside carporate limits, write RURAL and give nearest town) D. O. A. HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Maryland Prince George's C. CITY DR TOWN (if autside carporate limits, write RURAL and give nearest town) HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Maryland Prince George's C. CITY DR TOWN (if autside corporate limits, write RURAL and give nearest town) HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission) c. STATE b. COUNTY HYPETTERSIDENCE (Where deceased lived, if institution: Residence before admission)
within 24 haurs style in by the papers. Page within 72 hours	d. NAME OF HOSPITAL DR INSTITUTION (if not in haspital, give street address) Prince George's General Hospital D.O.A. Hyattsville d. STREET ADDRESS DN A FARM? 7449 80th Avenue
completely silved ave carbon pape y event, within?	3. NAME OF DECEASED (Type or print) Ha are crit formshould DEATH August 9 19 67
executed and camplet remave car rany event,	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthday) Manths Days Hours Man. Female White WIDOWED DIVORCED Feb. 13. 1878 89 yrs
ertificate be executed to physician and campler on please remaye carlaval, and in any event,	100 USUAL OCCUPATION (Give kind of work done during most of work, no if e, even if retired) Housewife Wix Own Home Washington Co. Md. 13. FATHER'S NAME William Leary 10b KIND OF BUSINESS OR INDUSTRY Own Home Washington Co. Md. 14. MOTHER'S MAIDEN NAME Rebecca Crim
that the death certifi an. by the attending phy fransit permit. Then cremation, ar remava	IS. WAS DECEASED EVER IN U.S. ARMED FDR.CES? (Yes, no, ar unknawn) (If yes give war ar dates of service) none
equires physici signed buriaf- buriai,	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost (b) DUE TO (c)
분 p 는 장류	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
F F F F F F F F F F F F F F F F F F F	PERFORMED? YES NO ZO 200 ACC DENT WAS UNDERLYING COME TO THE CONTRIBUTION OF THE CONT
DING PHYSIC by the haspi After this certi be defached State Dept. at	20c TIME OF INJURY Month, Day, Year Haur a m. p.m. 19 at wark
=	21. I certify that (I) (this hospital) attended the deceased from 3/9/, 1960, to 5/9, 196/, that (I) (saw) las saw the deceased alive on 1/8/1962, and that death accurred at 20 8M, from causes and on the date stated above 220. SIGNATURE 220 DATE SIGNATURE
be re be	ATTENDING MED. STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fil	NAME (Type) I USS & LY L' I Comp My Classifiles 230. BURIAL, (REMATON, 236. DATE THEREOF 230. NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) (County) (Store)
TO Here share	BUYA ETY 8/12/67 Oakland Cemetery Oakland Marvland
VR A15 (4)	24 FUNERAL DIRECTOR ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11481 law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COJNTY
Prince Georges o. STATE Maryland b (QUNTY Prince Georges Maryland Prince Georges

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND the b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 8 days Berwyn Heights Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Prince Georges General Hospital 5912 Pontiac St. YES NO TO NAME OF 4. DATE First DECEASED (Type or print) Pauline Mildred Triesler DEATH 1967 Aug. 8. DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Davs Hours crematian, or removal, and in any WIDOWED DIVORCED Female White 3/22/04 10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housowit 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT INDUSTRY Maryland 13. FATHER'S NAME 14 MOTHER S MAIDEN NAME Charles A. Sites Fannie Cottrell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 578-26-4712 Mr. A.W. Triesler (above address NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per sing-for (o), (b), and (c)) Husband/ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO signed | Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause the the PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TWO GIVEN IN PART 1101 YES TO NO TO FUNERAL DIRECTOR: After this certificate OR ATTENDING PHYSICIAN: be retorned by the hospitol or 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour p.m. factory street, office bldg , etc.) Not While at work 21. I certify that (I) (this based attended the deceased fram Aug. 13, 1967, to Aug. 17, =967, that (I) (xet) last saw the deceased alive any Aug. 17, 1967, and that death accurred at 2:18/M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF Aug. 18,1967 DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S George S. Banning, Jr. M.D. 3408 Rhode Island Ave. Mt. Rainier, Md. 23b. DATE THEREOF 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION. BULL (Specify) BUTTATT 8/21/67 Fort Lincoln Com Colmar Manor 1/24 FUNERAL DIRECTOR Nalloy's Funeral ADDRESS IT. Reinirg, 250 RECT BY REGISTRAR 250 REG STRAR'S SIGNATURE Maryland Inc. Heme





1 1/1	MAKTLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11478 MEDICAL EXAMINED'S CERTIFICATE OF DEATH 11433
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed (ved, if institution Residence before admission) o COUNTY 5 COUNTY
y is 3 ta age age	Prince George's MARYLAND District Of Columbia
2, and 3 ta PM3. Page	b CITY OR TOWN (If autside corporate limits c LENGTH OF STAY IN b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
ME PAR	Cheverly DOA Washington 47
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM?
hours after death if them 18. Give Pages 1, Office along with farm land 2 with the State De er death.	Prince George General Hospital 3817 South Dakota Ave., N.E. YES NO X
after death 8. Give Page alang with the Stat	3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED OF
Sive P	(Type or pnnt) Vernor O. Tyler DEATH 8 23 19 67 S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARR ED B DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR) FUNDER 24 HRS
ala ala	Manager Diverger Dive
24 haurs n Item I. r's Office ss Iand2	Female Negro WIDOWED DIVORCED 6-28-1922 45 yrs 100 SUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
the Officer of the of	during most of working life, even if retired) INDUSTRY COUNTRY?
1 24 I n ler's ges aff	Seamstress Re-Weaving Co. South Carolina U.S.A.
id be executed within 24 haurs of pending" in pencil in 18m 18 Chief Medical Examiner's Office a transit permit. File pages Land2 wevent within 72 hours after death.	
d with per Exam Exam File (Dayton Owens 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
urte g" g" real in 7	(Yes, no, orunknown) (If yes give wor or dotes of service) 579-22-847 Mr. Grover Tyler 3817 South Dakota Ave. NE
xec ndin Med Med vith	18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))
shauld be e ne ward 'per a the Chief I burial-transit	PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Laceration of brain
T Page / I	BUE TO Compound skull fracture
w the that	Conditions, if ony, which gove \ /b\
ficate shauling the warded to the as a burial-and in any	nse to immediate cause (a), DUE TO
fira Ing rdec as and	los1 (c)
This certificate should be executed within 24 hours after death cate, writing the ward "pending" in pencil in Item 18. Give Pag be farwarded to the Chief Medical Examiner's Office along with it be used as a burial-transit permit. File pages I and 2 with the Staremoval, and in any event within 72 hours after death.	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
EXAMINER: This certiute the certificate, writing 4 shauld be farwa your files. Page 3 shauld be used crematian, ar removal,	PÉRFORMED? YES NO X 200 EXTERNAL CAUSE WAS PRIMARY 2D or CONTRIBUTING CO. CAUSE OF DEATH Drivery of care which collided with bridge about twent.
MINER: This the certificate, the certificate to the following the following the terms of the ter	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.) PRIMARY 2 or CONTRIBUTING □
EXAMINER: Tute the certificage 4 should by your files. Page 3 should cremation, or remation, or r	CAUSE OF DEATH Driver of car which collided with bridge abuttment.
The the strain of the strain o	20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) While Not While I Particle of the bldg, etc.)
L EXAM ecute th Page 4 ar your R: Page	11:000m pm 8-23- "O' orwork of work of Balt, Wash, Farkway, Bellsville, Pa,
M. I. L. EXA please execute director. Page efained for yo DIRECTOR: Pac	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _x_, Inquiry _x_, and in my apinion
JTY M	death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner
dure dure	ACTUAL 22. DATE SIGNED
	SIGNATURE M.D. ASS STANT MED CAL EXAMINER DEPUTY MED CAL EXAMINER DEPUTY MED CAL EXAMINER
DEPUTY stessary, p e funeral may be re FUNERAL	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, cty, town or county) 8-24-67
O DEPUTY M	23 BURIA REMATION, /236 OPT THEREO 22 NAME OF CEMETERY OR CREMATION (CITY or Town) (County) (State)
2 1 1 2 1	REMOVAL (Specify) 8/28/67 LINCOLN MON MARY/AND
VR A15ME (5)	24 FUBAMOBUTEER INC. FUNERAE HONE ADDRESS ZSG KECD BY REGISTRAR 256 KEGISTRAR'S SIGNALOF
6M 1/67	BOOD GEORGIA AVENUE, N. W. DATE AUG 2 9 1967 geliantes fundas



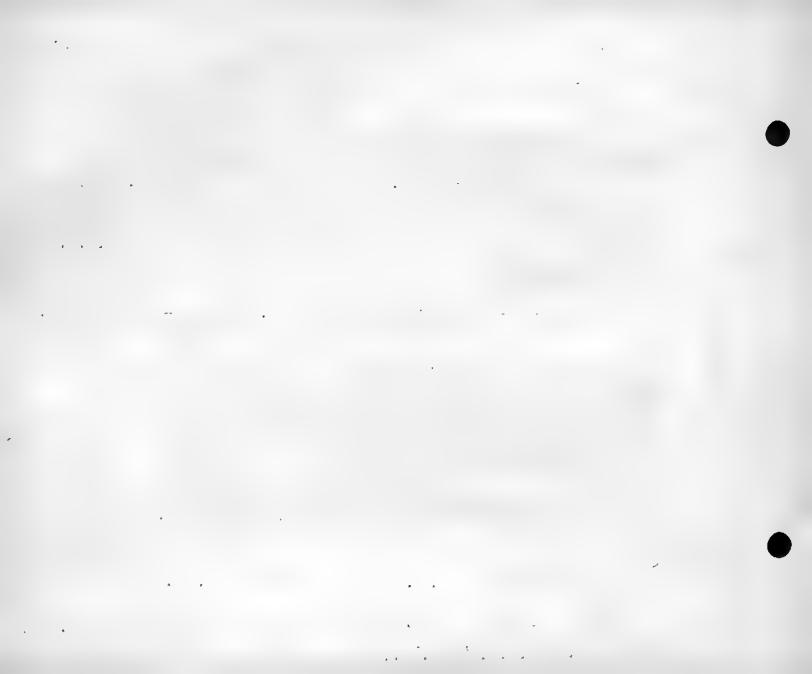
		MARYLAND STATE DEPARTMENT OF HEAL	TH
4		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	T, BALTIMORE 1, MARYLAND
<u> </u>		11450 CERTIFICATE OF DEATH	11484
urs afte e funera 2 shouk 3.		a. STATE	ceased lived, if institution; Residence before edm ssion) b. COUNTY
th the sand of death		write RURAL and give nearest town)	Orale limits, write RURAL and give veerest town
S. Page nours afte		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streel address) 5411 37 ^{Eq} AUE, 5911-3-	7+h que. 1. Is residence on a farm? 7+h que. YES NO
mplete paperi in 22	3.	NAME OF DECEASED (Type or print) Pear Lest A. DATE OF DEATH	August 34 1967
and control	5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
rlificate move y even	10a do	ne during most of working life, even if retired)	foreign country) 12, CITIZEN OF WHAT COUNTRY?
ath ce ag phy ease re d in en	13.	FATHER'S NAME	-6, VZ. U. 3/4"
the de ettendi hen pl	15. (Ye	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5, no, or unkown) (Ifyosgivewarordalesofservice)	1-481 - 37+h. A. Men
ian. yy the mit. T		18. CRUSE OF DEATH Enter only one cause per line for (e), (b), end (c).	INTERVAL BETWEEN
physic physic gned brisit per ion, or		PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Acute Congestive Fail	lure 6 hrs.
The faw tending been si urial-tran urial-tran		Conditions, if any, which gover rise to immediate cause DUE TO [a], stating the underlying DUE TO	ease years
T.N.: I or at the has the burial	Z	cause last. (c) PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE C	
SICIN ospital artification to ior to	RCATIC		PERFORMED?
this control for alth pr	L CERTIFI	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Pert cor Pert II OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NDING bined by R: After detacher: t. of He	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 About All While All Work all	
ATTE		21. I certify that (I) (this hospital) attended the deceased from	A45 .24, 1947, that (I) (we) last the causes and on the date stated above,
DIRI 3 shouthe State		22a 5 GNATURE ATTENDING MED. M.D. PHYS. DIRECTOR	STAFF SIGNED
SPITA Page NERAI r, page		22c PHYSICIAN'S NAME (Typo) W. H. CLEMENTS 22d. ADDRESS GOOL 35	thave Hyattoville
directo	238	BURIAL CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAL BROOKS AUGUST 1800 1800 1800 1800 1800 1800 1800 180	ATION (City, town or county) (Stote)
VR A15 (4)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A A MAN A 250. REC'D BY REGIST	
15M 7,61	L	V. W. Chambers (00 Viverdale, 91/9, DATEAUG 28	1967 Schanles Judge

1 6

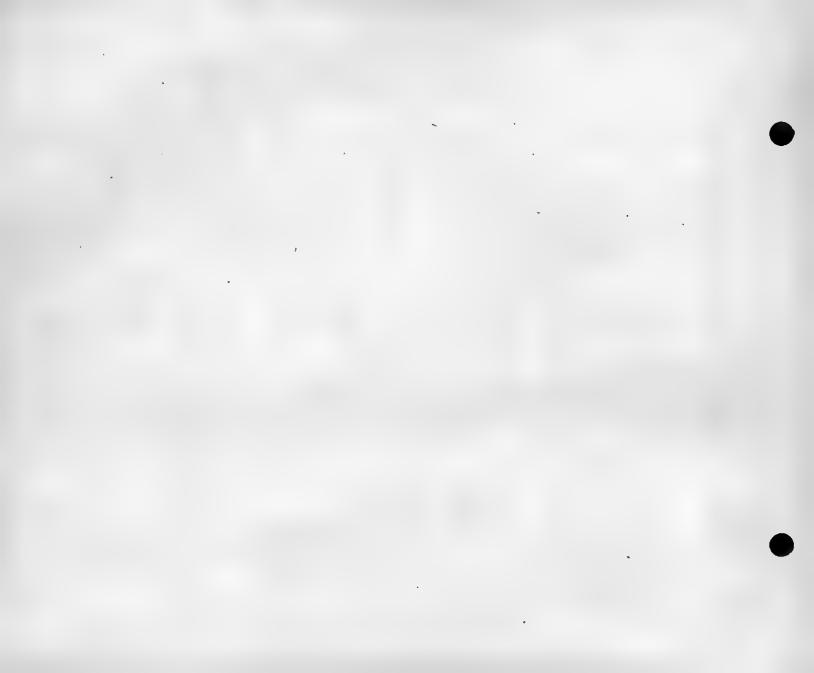
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH V 1485 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY Prince Georges Maryland Prince Georges MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 papers. Pag hin 72 haurs o PHYSICIAN: The law requires that the death certificate be executed within 24 hours Cheverly Colmar Manor d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊆ d STREET ADDRESS IS RESIDENCE ON A FARM? Within 72 filled Prince Georges General Hospital 3802 Newton Street YES NO DE NAME OF Middle 4. DATE Lost Doy Month Year physician and completely en please remove conoar DECEASED (Type or print) Warfield 1967 William DEATH Aug. burial, crematian, or remayal, and in any eyent 5 SEX IF UNDER 24 HRS 7 MARRIEDXIXX NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR 6 COLOR OR RACE AGE (In years b rthdoy) Months Dovs Hours 5/29/1878 White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Retired **INDUSTRY** Massachusetts 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys blvira Twining Warfield Lerov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 047-20-1969 Evelyn R. Warfield- See Item No. 2 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta last. has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? NO XX certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year Hour om. foctory, street, office bidg, etc.) Not While O HOSPITAL OR ATTENDING Page 4 may be retained by the at work L.J. of work d from July 20, 1967, to Aug. 4, 1967, that (1) we last and that death accurred at 5:52 M, from causes and an the date stated above 21. I certify that (I) (this hespital) attended the deceased from July 20. director, page 3 should should be filed with the saw the deceased alive on 8 226\ SIGNATURE 22b DATE SIGNED MD DIRECTOR PHYSICIAN'S 22d ADDRESS 3717- 38th Ave. Mt. Rainier, Maryland NAME (Type) M. D. George Hageage. 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City of Town) (Stote) REMOVAL (Specify) Ft. Lincoln Cemetery Prince FUNERAL DIRECTOR Sens 196 Charles Ave



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11482 CERTIFICATE OF DEATH 17486 puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE District of Columbia Prince George MARYLAND The law requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If autside corporate limits E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) write RURAL and give nearest town Washington Hvattsville Weeks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? Sacred Heart Home, 5805 Queens Chapel Rd. T Street. N.E. NO IX YES [carbon Int /with 3 NAME OF Middle First 4. DATE Last Manth Day physicion and completely DECEASED 19 67 Anna Mae Scott Warner (Type or print) DEATH August 9. AGE (In years IF UNDER 1 YEAR S SEX LIF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED ast birthday) Months Days Hours Female WIDOWED DIVORCED May 26, 1896 Negro toa USJAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CIT ZEN OF WHAT INDUSTRY COUNTRY? Brooklyn, New York
14. MOTHER'S MAIDEN NAME Clerical United States 13. FATHER S NAME Robert Scott Annie Johnson TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) [(If yes give wor or dates of service) 579-24-4417 Sacred Heart Home, Hyattsville, Maryland no 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DINSET AND DEATH arcinematosis DUE TO NDOMETRIAL CARCINOMA (PRIMARY Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause the hospital or ottending os the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use NO E 20g ACC DENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Nat While factory, street, affice blda, etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram. 1967, to 8 1967, that (1) (we) last 1967, and that deoth occurred at 1.08AM, from causes and on the date stated above. saw the deceased alive on. 22g. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22c. PHYSICIAN 22d. ADDRESS FURGIA NAME (Type) CABANISS, 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Spectry) 7 Gates of Heaven Cemetery Silver Spring, Maryland 3015 120 St 250. RECD BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) DATE AUG 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11483 CERTIFICATE OF DEATH 11487 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Maryland b. COUNTY Prince Georges Prince Georges MARYLAND The law requires that the death certificate be executed within 24 hours after 2 haurs aft b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Heights 9 days Cheverly papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 5807 Sheriff Road □ NO [YES signed by the attending physician and completely. I burial-transit permit. Then please remave carban burial, cremation, ar removal, and in any everth, visit 3. NAME OF Middle Lost 4 DATE Month Yeor DECEASED Washington 1967 Louise (Type or print) DEATH Aug. 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Haurs Negro WIDOWED Oct. 1, 1912 Female Sep DIVORCED 1Do. USDAL OCCUPATION (Give kind of wask done 106. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 B.RTHPLACE (County & Stoy or foreign country) during glost of working life, even it retardly INDUSTRY COUNTRY? "FATHER'S NAME 14. MOTHER'S MAJOEN NAMI WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEE PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS'
PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of 'njury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc 1 Not While O HOSPITAL OR ATTENDING Page 4 may be retained by the TO FUNERAL DIRECTOR: After at work 21. 1 certify that (1) (this haspital) attended the deceased fram. Aug. 10, 1967, ta Aug. 19, 1967, that (1) (we) last saw the deceased alive an Aug. 19, 1967, and that death accurred at 4:20PM, fram causes and on the date stated above. director, page 3 should should be filed with the 22o. SIGNATURE 22b. DATE SIGNED Aug. 22, 1967 M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN NAME (Type) Incham. Prince Georges General Hospital 230. (BURIAL CREMATION NAME OF CEMETERY OR EREMATOR -(Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. COUNTY o. STATE COUNTY Prince George's ţ, deoth. MARYLAND Pro Geo County b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after (Hyattsville. Nd. Riverdale DOA a NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours ward "pending" in pencil in Item 18 Give Pages 1, the Chief Medical Examiner's Office along with form 4002 queens Chapel Road Leland Memorial Mospital ote YES NO K 24 hours ofter death 3. NAME OF Midd e First LOST 4 DATE Month Dov Year DECEASED Dolphin beber August 12. 67 W. 10 (Type or annt) DEATH S SEX 6. COLOR OR RACE 7 MARRIED X 8 DATE OF BIRTH IF LNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 9 AGE (n years 10st birthdoy) male white WIDOWED Dec 31, 1911 DIVORCED 11 BIRTHPLACE (State or fore gn country) 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of working life, even if retired) Asst Vice resident TICOUNTRY? INDUSTRY Bank Washington D. C. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate should be executed within Uscar Weber Bertha Walker and 15 WASDECEASED EVER N S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no, or unknown) (If yes give wor or dates of service) 577 22 2099 17 INFORMANT Address or removo! Kathleen P. Weber Hyattsville, Md. 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Heart failure e, writing the ward forwarded to the Ch buriol, cremotion, DUF TO Arteriosclerotic heart disease unknown Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS ALTOPSY PERFORMED? please execute the certificate, 5 may be refamed to 1,000.

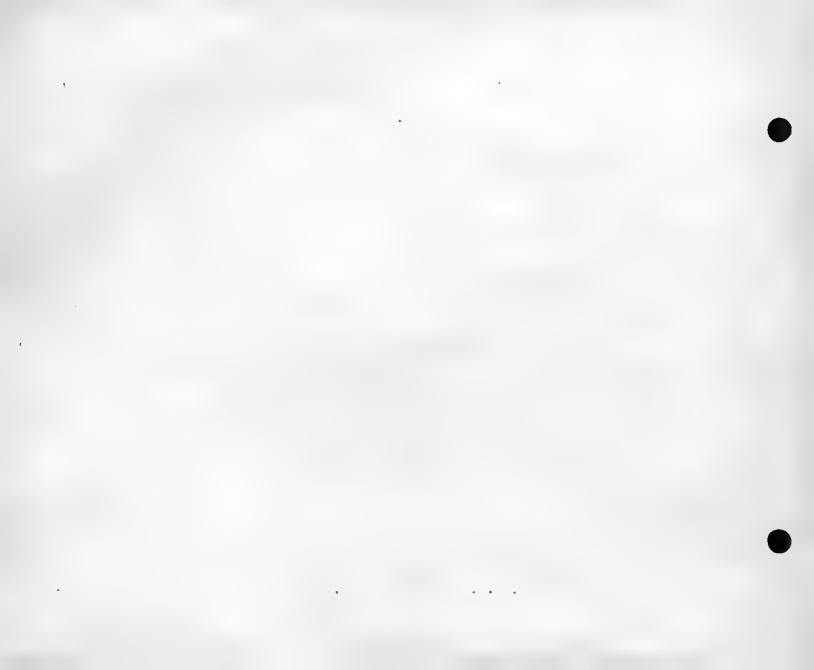
TO FUNERAL DIRECTOR: Page 3 should be to the death or its designated agent, prior to YES NO 18 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of niury in Port or Port I) of Item 18.) PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. 20e PLACE OF INJURY (Home, form, 20c. TIME OF NJURY Month, Doy Year 20d INJURY OCCURRED (City or fown) (County) Hour oim Not & hile foctory, street, office bidgi, etc.) of work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection DC. Inquiry 🔀 / and in my opinian funeral director. death resulted from: Natural couses & M Accident Suicide . Hamicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 1 EXAMINER'S John Kehoe, M.D. 8-13-67 Riverdale, Md. Address (Street, city, town, or county) he 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Pro Geo REMOVAL (Spec fy) Colmar Manor Md. Aug 16, 1967 Ft Lincoln Cemetery 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FLINERAL DIRECTOR Milarles Judge 1967 F. Gasch's Sons Hyattsville, Md. DATE



. ~ 7	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission)
to to tale	a. COUNTY Prince George's MARYLAND Maryland Prince George's
delay and 3 t M3. Pag	Prince George's MARYLAND Maryland Prince George's b (ITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) c (ITY OR TOWN (if outside carporate limits write RURAL and give nearest town)
y delay s 7, and 3 ta PM3. Page	Cheverly DOA Greenbelt /6/
s I. 2	d NAME OF HOSP TAE OR INSTITUTION (finat in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM?
ath If ary delay ages 1, 2, and 3 ath farm PM3. Pages State Department	Prince George General Hospital 7100 Hanover Parkway YES NO X
Pact Pact with	3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED OF Used on Sr DEATH 8 25 19 67
after dec 18 Give P alang wit with the 5	(Type or print) James Robert Weedon sr DEATH 8 25 19 57
24 hours after death in Item 18 Give Page r's Office along with the ss land 2 with the Stat ifter death	last birthdoy) Manths Doys Hours Min
t haurs Item 18 Office I and 2	Do II S AL OCCUPATION, Government Into KIND OF BUSINESS OR 11 BIRTHP ACE (State or fare on country) 12 CIT ZEN OF WHAT
4 hr	IDD. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) IDD KIND OF BUSINESS OR INDUSTRY INDUSTRY Washington D. C. U.S. Government U.S. Governme
th n 24 not n nner's pages urs aft	13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
vrth pendami ami	Andrew M Weedon Maud G Railey
Ex FE 72 F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service)
xecuted Iding" II Medical permit.	no 215 26 0002 -eona r weedon dreembert, Ma.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET, AND DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Heart failure minutes
shauld be e ne ward "per ta the Chief I bur al-transit a any event v	IMMEDIATE CAUSE (a) Heart failure #300 DUE TO Arteriosclerotic heart disease over 1 yr.
wa wa the ur ak any	Conditions, if any, which gave) (b)
the state of the s	rise to Immediate cause (a), DUE TO
fica fing rdec as	lost. (c)
TO DEPUTY MEDICAL EXAMINER: This certificate, writh the funeral director. Page 4 shauld be farwar 5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 shauld be used Health prior to buria, cremation, ar remaval,	PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 3
This incate be for the remission of the	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)
MEUTCAL EXAMINER: This operate execute the certificate, director. Page 4 should be farefained for your files DIRECTOR: Page 3 should be ure to buria, cremation, ar remained to the companion of	FINARY I or CONTRIBUTING I
EXAMINER: tute the certificage 4 shauld r your files Page 3 shau crematian, a	2Dc TIME OF NJURY Manth, Day, Year 2Dd NJURY OCCURRED 2De PLACE OF INWARY (Hame, form Hour a.m. 201 (City or tawn) (Caunty) (State)
LEXAMI ecute th Page 4 for your R.Page 3	pm 14 at wark C at work C
AL Executive for	21. i certify that I took charge of the remains described above, held an Autapsy, inspection \(\) Inspection \(\) Inquiry \(\) and in my apinian death resulted fram. \(\) Values \(\) Accident \(\) Suicide \(\) Homiciae \(\) Undetermined monner \(\)
MEDICAL lease exe directar. P stained fa DERECTOR	death resulted fram. Majura couse switch, Accident, Suicide, Homicide, Undetermined monner
ME plea directal	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TO DEPUTY MEDICAL necessary, please ex the funeral director. 5 may be retained f TO FUNERAL DIRECTO Health prior to burio	DEPUTY MEDICAL EXAMINER
O DEPUTY necessary, the funera S may be O FUNERA Health pri	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street city, town, or county) 8-25-67 230 BUR AL CREMA ON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CHEMATORY 23d LOCAT ON (City or over) (County) (State)
5 10 10 10 10 10 10 10 10 10 10 10 10 10	REMOVAL (Specify) Aug 29, 1967 Ft Lincoln Cemetery Colmar manor Pro Geo Md.
	24. FUNERAL DIRECTOR ADDRESS 250, REC D BY REG STRAR 250 DEG STRAR 250 D
VR A15ME (B) 6M 1/67	F. Gasch's Sons Hyattsville, Md. AUG 29 1967 Milarles Judge
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	. 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
rec of the			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	FOR STATE		### MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1	HEALTH DEPT.		1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
1	ta de af		o COUNTY 6. STATE 6. COUNTY
	3 ta 3 ta Page	- 1	
	delay and 3 M3. Pag		write RURAL and give nearest tawn)
4	y delta and PM3. I		Cheverly 3 mo. 6 days Hyattsville / / /
	If any delay is s. 1, 2, and 3 ta orm PM3. Page	1	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e .S RESIDENCE ON A FARM?
		711	Prince George General Hospital 5701 Longfellow Street YES NO De
	taget . Es II	/ 7	3 NAME OF First Middle Last 4 DATE Manth Day Year
	- 5 ° 5 × 1 · 1		DECEASED OF DEATH 8 2 19 67
	Giv Ing		S SEX 6 COLOR OR RACE 7 MARRIED 1 8 DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR FUNDER 24 ARS
	afte 18. G afan with h. ,		last birthdoy) Months Days Hours Man
	m I fice	-	Male White WIDOWED DIVORCED June 1925 (22 yrs) 100 JSUAL OCCUPATION (Give kind of work done) 100 LIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT
	thaurs them 18 Office land 2	- 1	turna mast of work nature even fretreet) IND. STRY COUNTRY?
	24 In sir's		
	thin 24 ancil in miner's pages urs afte	\perp	13. FATHER'S NAME
	with n per Exam		Albert Welch Mary G (unknown)
	bed in E		15. WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no, or unknown) If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address W. W. 11 Dorothy F. Welch Hyattsville, Md.
	oxecuted nding" in Med cal permit.		(Yes, no, or unknown) If yes give wor or dotes of service) 007 12 9779 Dorothy F. Welch Hyattsville, Md.
	MATH AL EXAMINER: This certificate should be executed within 24 hours after death please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page I director Page 4 should be farwarded to the Chief Medical Examiner's Office along with fretained far your files. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with Australia to burial, crematian, ar remaval, and in any event within 72 hours after death.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY Motified to Tiden and Tide
	be 'pe lef		PART DEATH WAS CAUSED BY ONSET AND DEATH OVER 6 MO.
	should be to word "perior the Chief- ia the Chief- burial-transit		1'7 7 DUE TO
	wo the trial		Conditions, if ony, which gove) (b)
	to the he		rise to Immediate couse (o), DUE TO
	fination the fination of the condition o		lost. (c)
	riffin and do do		PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
	EXAMINER: This certificate, writing 4 should be farwar yaur files. Page 3 shauld be used a cemanatian, ar remayal, ar remayal, ar remayal,	, ,	PERFORMED? YES NO KE
	his ate be be emi	7	
	iner: T should b files. 3 should b		200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) PRIMARY I or CONTRIBUTING I
	INER: e cert shoul files. 3 shau		CAUSE OF DEATH
	AIN Plants State of the state o		20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm Hour a m. While Not While foctory, street, affice bldg, etc.)
	(AA)	- 13	p.m. 19 of work at work
	AL EXAMINER: xecute the certif r Page 4 should far yaur files. OR: Page 3 shauk		21 I certify that I took charge of the remains described above, held an Autopsy, inspection , inquiry , and in my apinion
-	AL Se exector ctar P ned far ECTOR burral,		death resulted from: Natural causes 🕱, Accident 🛴 Suicide 🔝 Hamicide 🔝 Undetermined manner
	ase ectr ine REC		CHIEF MEDICAL EXAMINER
	T to the direction of the control of		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER (22. DATE SIGNED
	JTY Marry, please ereal director be retained RAL DIRECT priar to bur		EXAMINER'S DEPUTY MEDICAL EXAMINER
	O DEPUTY MAN AL EXAM necessary, please execute the funeral director Page 4.5 may be retained far yaur o FUNERAL DIRECTOR: Page	4	NAME (Type John Kehoe, M.D. Riverdale, Md. Address (Street aty, town, or county) 8-3-67
			230 BUR AL (FMAT ON 23b DATE THEREOF 23c NAME OF FEMETERY OR COMMAND 23d LOCATION (CLUV Or TOWN) (COUNTY) (Store)
	5 = = 2 E		Burial Aug 4, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.
	OXI	1	24 FUNERAL DURRETOR ADDRESS 250 REC.D. BY REG. STRAR 250 REG. STRAR S SICNATURE
	VR A15ME (5)	7	F. Gasch's Sons Hyattsville, Md.
	11/		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Ohio D. COUNTY b COUNTY and 3 ta P.M3. Page, Prince George b. CTY OR TOWN (If autside corparate I mits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. C.TY OR TOWA (If outside corporate similar, write RURAL and give nearest town) DOA Fort Recovery Cheverly d NAME OF HOSPITAL OR ASTITUT ON (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form Prince George Hospital Rt. 2 YES NO [This cert ficate shauld be executed within 24 haurs after death NAME OF Middle 4 DATE Month DECEASED OF 19 67 19 Melinda Berdine Wendel (Type or print) DEATH B DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR IF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARR ED lost birthdoy) Months Dovs WIDOWED DIVORCED [24 Aug., 1947 deat 10b K ND OE BUS NESS OR Store II BIRTHPLACE (Stole or fore gn country) 10b. USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and in any event with.n 72 hours after Clerk Grecery Ohie 13. EATHER'S NAME 14 MOTHER'S MAIDEN NAME Rita Timmerman Melvin Wendel Is. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 307 46 1089 Hespital Recerds Address 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSEL AND DEATH Drowning IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove " rise to immediate cause (o), DUE TO stoting the underlying couse PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART Ital 19 WAS AUTOPSY PERFORMED? removal, CERTIFICATION please execute the certificate, NO YES 🕌 200 EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part I of Item 18) MEDICAL EXAMINER: CAUSE OF DEATH Drowned while swimming in a pool MEDICAL 20c TIME OF N. RY Month, Doy Year 20f ((ity or town) (Stote) (County) 316 Marcy Ave. While Not While of work of work Oxon Hill P.G. Md. 19 67 5:00 am 8 21. I certify that I taak charge of the remains described above, held an Autapsy [24], Inspection [25], Inquiry [25] and in my aprinon Natural couses Accident X Surcide , Ham cide Indetermined manner death resulted from. may be retained FUNERAL DIRECT CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be r TO FUNERAL Hea th pr.o John Kehoe, M.D., Riverda Hety MEDICAL EXAM NER IX 8-19-67 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. St Anthonys Cometery Fort Rocevery, Ohio 8-23-67 24 EUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNAL REGISTRATES VR A15ME (5) Mt. Rainier, Ma Nalley Funeral Home 1001 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11492

11489 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE Prince George s
b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Prince George's

C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 Landover Cheverly 4 hrs. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS Prince George's General Hospital 1705 Columbia Avenue YES NO T NAME OF Lost 4. DATE Month DECEASED (Type or print) White Beverly June DEATH August 11 67 SEX 6. COLOR OR RACE 7. MARRIED 3 B. DATE OF BIRTH 9. AGE (In years IF JNDER I YEAR IF JNDER 24 HRS NEVER MARRIED lost birthdoy) Hours White WIDOWED **Female** DIVORCED 9/1/32 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT INDUSTRY home during most of working life, even if retired)

House Duties COUNTRY? Scottdale, Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remayal, Evelyn Brown Ernest R. Smith IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of servim 1705 Columbia Avenue Landover, Maryland Lee Seibert White (Husband) 233-48-7058 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1, DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH One Cardiac Arrest (Clinical) IMMEDIATE CAUSE (o). 45X DUF TO Conditions, if any, which gove Hypertensive Heart Disease - Arteriolosclerosis rise to immediate couse (a), DUE TO stoting the underlying couse (c) 19. WAS AUTOPSY PERFORMED? PARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES X NO F 200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) While of work Not While Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from and that death accurred at 8:23M, from couses and on the date stated above. sow the deceased alive on. 22a SIGNATURE A.M. STAFF 22b. DATE SIGNED MED. STAFF
DIRECTOR PHYS 8/11/67 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 3308 Dodge Pk.Rd., Landover, Md. Dr. Max M. Herzberg 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Rosedale Cemetery
ADDRESS 8-14-1967 Martinsburg - Berkeley W. Va. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SEGNATURE Fune ral 4 Martinsburg, W. Va. DATE

The law requires that the death certificate be executed within 24 hours after death ye carbon papers. Pa event, within 72 hours filled i and campletely f attending physician permit. Then please signed by the burial-transit O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. be detached for use as the State Dept. af Health priar to O FUNERAL DIRECTOR: After VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11493 11489 CERTIFICATE OF DEATH ond 2 death. I. PLACE OF DEATH filled in by the funeral papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY o. STATE **b.** COUNTY thin 72 hours after requires that the deoth certificate be executed within 24 hours offer MARYLAND Maryland Prince Georges
b CHY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Riverdale Hyattsville d Sikeej ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? Leland Memorial Hospital NO 2 YES 4212 Longfellow Street 3. NAME OF Middle First 4. DATE attending physicion and completely in sermit. Then please remove carbon on, or removal, and in one event, with Doy Year DECEASED XXXXXX Willis Annie E. 67 (Type or print) 10 DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours F. W. WIDOWED DIVORCED 7-10-72 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if getired) INDUSTRY **COUNTRY?** Housewife llome U.S. Virginia

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME A.G. Willis Sara Gordon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 216 12 4887 Hospital records no cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. signed by the c buriol-transit pu INTERVAL BETWEEN ONSEL AND DEATH NGES FALLURE IMMEDIATE CAUSE (o) be retoined by the hospital or attending physicion. DUE TO ARTERIOSCLEROSIS Conditions, if any which gave (b) use to immediate cause (o), er this certificate has been significant and at the bate Dept. of Health prior to b DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MED CAL CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detacher State Dept. (20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or fown) (County) (Stote) Hour om. While Not While factory, street, office bldg. etc.) After at work ot work 19 67 ta 19.6.7 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. director, page 3 should should be filed with the and that death accurred at 632 AM, from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b DATE, SIGNED **ATTENDING** 8 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S RIVERDALE NAME (Type) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (Stote) 23o BURIAL, CREMATION, JOCATION (City or Town) (County) Colmar Manor Pro Geo Aug 7, 1967 Ft Lincoln Cemetery 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 F. Gasch's Sons Hyattsville, Md. 1967



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decresed lived, If institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND FINCE b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) day d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO 3. NAME OF M.ddla Month Yeer DECEASED (Type or print) 11/d 50 DEATH 19 5. SEX COLOR OR RACE AGE (In years (IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED DE NEVER MARRIED last birthday) Months WIDOWED F DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or toreign country) 12. CITIZEN OF WHAT COUNTRYS dona during most of working life, even if retired) Maryland Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hutchinson Sarah Ridgeway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes; no, or unkown) | (If yes give wer or dates of service) AS Itom HERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per | ne for (e) (b), end-to ONSET AND DEATH PART I DEATH WAS CAUSED BY 2-WK5 MMEDIATE CAUSE (a) DUE TO Emphy sema of Lungs Conditions, if eny, which (b) gova rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPS'S CERTIFICATION PERFORMED'S 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Slate) factory, street, office bldg., etc.) While Not While at work et work 21. I certify that (1) (this hospital) attended the deceased from from the causes and on the date stated above. , and tha death occured at saw the deceased alive an 22e. SIGNA SIGNED ATTENDING DIRECTOR PHY5 PHYS M.D. 22d. ADDRESS 123c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOS 0.58 REMOVAL (Specify) 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61 Bros. Upper Marlboro, Md.

PEPARTMENT OF HEALTH

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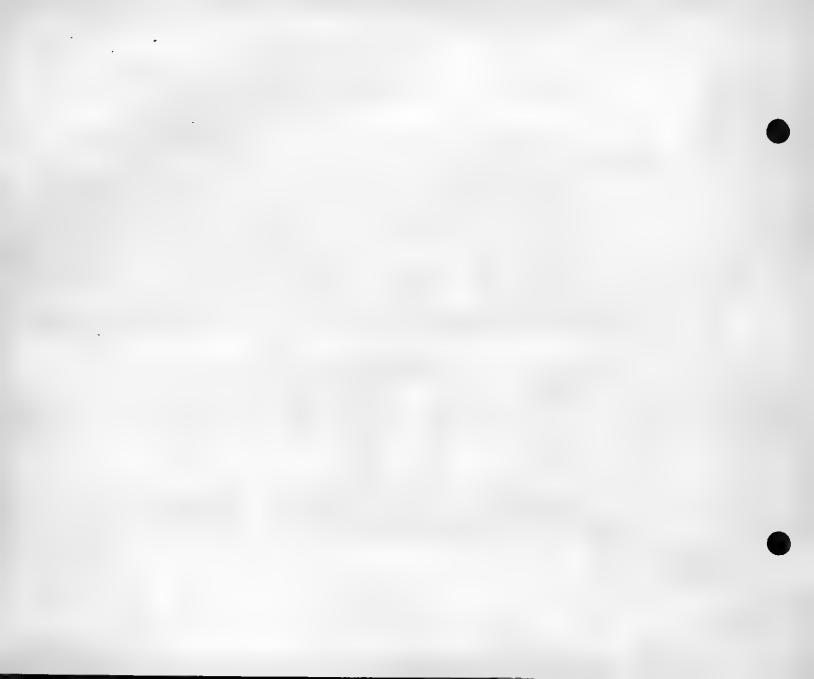
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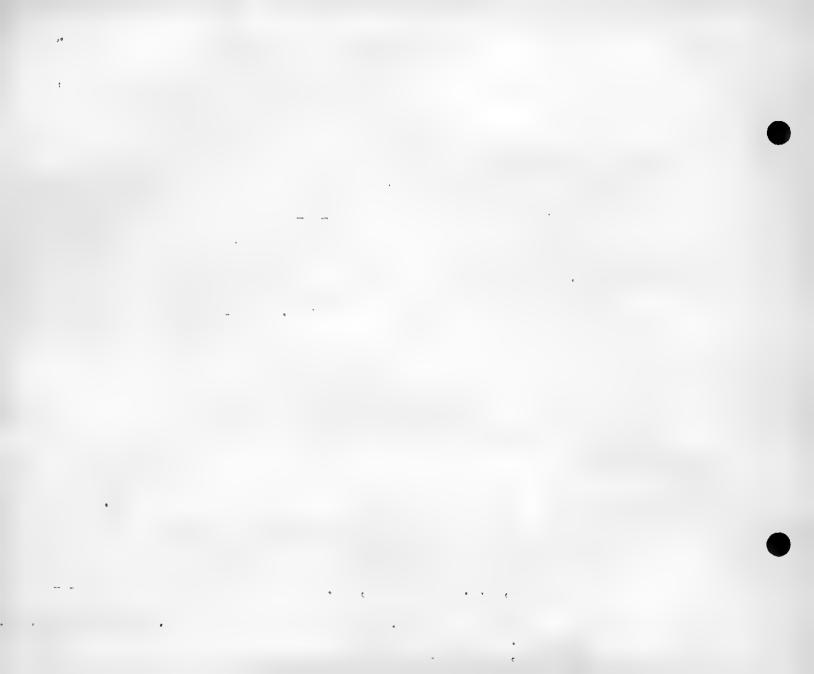
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH in by the Tuneral rs Pages 1 and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY MARYLAND the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate halfs, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If Gutside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town papers d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? filled NO W B WAME OF remave carban First Middle 4. DATE Lost Doy Year campletely DECEASED (Type or print) event, DEATH SEX 6. COLOR OR RACE AGE (in years lest birthday) IF UNDER 1 7. MARRIED 8. DATE OF BIRTH AGE IF UNDER 24 HRS NEVER MARRIED Months Dovs Hours and in any WIDOWED DIVORCED 10o JSUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) , INDUSTRY COUNTRY? Kennucky 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya E ROD 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Addiess (Yes, no, or unknown) (If yes give war or dates of service burial, crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART 1 DEATH WAS CAUSED BY signed by the burial-transit ONSET AND DEATH requires that IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DHE TO Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse be detached far use as the State Dept. af Health priar ta last. 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF IN PART 150 YES NO K this certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg. etc.) While Not While of work TO FUNERAL DIRECTOR: After ot work Hay 21. I certify that (1) (this haspital) attended the deceased fram. 1967, that (I) (we) last , page 3 shauld be filed with the saw the deceased alive an accord 1967, and that death accoursed at 2:40 AM, from Quises and on the date stated above 22o. SIGNATURI 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 3308 Dodge Park Rd Landover, Md 22c. PHYSICIAN'S Max M. NAME (Type) Herzberg director, shauld b BURIAL GREMATION DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)-24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
~ M	11492 CERTIFICATE OF DEATH
nove Carbon papers. Pages I and Investigated the Carbon papers.	PLACE OF DEATH a COUNTY Prince Georges MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before odm ssion) a STATE Conn.
	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	77
1	Glenn Dale Hospital 57½ Barbour St. YES NO X
	NAME OF First Middle Last 4. DATE Manth Day Year DECEASED. OF OF AUGUST 25 1967
	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR FUNDER 24 HRS
	M N WIDOWED DIVORCED 9/14/1929 37 yrs 1 Ou USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT
	ring most of working the even if retired) ETVICE Sta. attendant garage S.C. OJN RY?
	3. FATHER'S NAME Fredman Worthy 14. MOTHER'S MAIDEN NAME d Le Anna Woods
	S WAS DECEASED EVER IN US ARMED FORCES? Yes, na, ar unknawn) [(If yes give war ar dates at service)] 16. SOCIAL SECURITY NO 17 INFORMANT Address
	no 430-52-3136 decedent
	18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary hemorrhage, massive IMMEDIATE CAUSE (a)
	Conditions if any which page 2
	rise to Immediate cause (a), starting the underlying cause (b) DUE TO
	kst (c) Pulmonary tuberculosis /2 years
,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES [1] NO [7]
	PERFORMED? YES NO PERFORMED? YES NO NO PERFORMED? YES NO NOT NOT NOT NOT NOT NOT NOT NOT NOT
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Haur a.m. p.m. 19 While at work at
	21. I certify that N() (this haspital) attended the deceased from 8/16/, 1967, to 8/25/67, that N() (we) last saw the deceased plive on 8/25/ 1967, and that death accurred at 5:45AM, from causes and an the date stated above
	220. SIGNATURE 22b. DATE SIGNED
	M.D PHYS. DIRECTOR DIRECTOR NO PHYS 8/25/67
1	NAME (Type) Moe Weiss, M. D. Glenn Dale Hospital, Glenn Dale, Md.
	30 BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) 8/30/67 Church 23d LOCATION (City or Town) (County) (Store)
	24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 250 REGISTRAR S SIGNATURE
	thousen of get and Hour Jacker Jacker Justes Justes Justes Justes Justes



1 1	Items 18-21 Film 393 MARYLAND STATE DEPARTMENT OF HEALTH						
to the second	10-5-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
HEALTH DEPA	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before	ora odmission)					
of of	o. COUNTY Prince George's MARYLAND Maryland Prince George	rola					
ny delay is 2, and 3 to PM3 Page Sortment of	b CTY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give neare	est town)					
delcond ond M3 F	write RJRAL and give nearest town) Cheverly DOA Camp Springs	./					
	Cheverly DOA Camp Springs d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS	e IS RES DENCE ON A FARM?					
	/ Prince George General Hospital 5213 Sharon Road	YES NO TO					
ve Poges g with for	3 NAME OF First Middle Last 4 DATE Month Da	y Year					
P N E	DECEASED OF (Type or pr.nt) Eleanor Virginia Wright DEATH 8	3 1967					
hours ofter death I Item 18 Give Pages Office along with for I ond 2 with the Segte r death.	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF JNDER I YEAR lost brithday) Months Days						
75 c 18 18 2 w 2 w	Female White WIDOWED 12-21-1922 45 VIS						
hot tem Offic dea	100 US_ALOCCUPATION (Give kind of work done 10b Kind of BUSINESS OR 11 BIRTHPLACE (State or foreign country) 2 (1717EN C	OF WHAT					
r's C	School Teacher South Carolina US	A					
within 24 pencil in caminer's le poges l	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME						
I within 24 hours often n pencil in Item 18 Gi Examiner's Office oloni File poges I ond 2 with 2 hours offer deoth.	Marine C. Stuckey Louellen McFall						
0	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iff yes give war or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address						
ecut ing' ing' dicc	NO KODERT E. Wright Same As # 2						
be execute "pending" ilef Medical insit permit		ITERVAL BETWEEN NSET AND DEATH					
be helf	MMEDIATE CAUSE (o) OOMBOZZION ZITOON	THE AND DEATH					
vord vord ve C	DUE TO ECTIVE ALCOHOL						
sho e w o th ouri	Conditions, if any, which gove (b) (b)						
ficate s ting the raed to as a bu	stoting the underlying couse Duc to						
This cert ficate shoutd cate, writing the ward be forwarded to the Ch be used as a buriol-tra removol, and in any ever	last. (c)	THE THEORY					
This cert ficate, writing be forward to be used or removol, continued to the used or removed.		WAS AUTOPSY PERFORMED?					
ER: This certificate, and be fores es choula be un or remon, or remonent	The state of the s	YES X NO					
INER: The certification of records	PERFO YES X 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of intry in Port Lor Port II of tem 18) PRIMARY DO CONTRIBUTING In rested overdose of barbiturate and alcohol						
INER.	CAUSE OF DEATH In gested overdose of barbiturate and alcohol						
The the start of t		(State)					
CAL EXAMINER: execute the certical properties of the certical for your files TOR: Page 3 should riol, cremation, on	DIII O DI OTWORK 22 100000						
4 5 4 5 % 6'	21 I certify that I took charge of the remains described above, held an Autopsy xxx Inspection x, Inquiry x on	d in my opn on					
e e e ctor dor dor dor dor dor dor dor do dor do	deoth resulted from: Natural couses, Accident , Suicide , Homicide , Undetermined monner						
ITY MEDICAL ry pleose exect eral director Probe refained for RAL DIRECTOR prior to buriol,	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAM NER	22. DATE SIGNED					
TY P P P P P P P P P P P P P P P P P P P	DEDLTY MEDICAL EVANIAGE						
O DEPUTY MEDICAL B necessary pleose exect the funeral director Po 5 moy be refained for 0 FUNERAL DIRECTOR: Health prior to burial,	NAME (Type) John/Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 8-	-4-67					
O DEPU necessal the funces of Froy the Control Subject to the Contro	230 BUR AL CREMATION. / 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	(State)					
5 5 4 7	Burial / 8/7/67 Wash. Natinal Cemetery Suitland, Prince Geo						
VR ATSME (5)	24 FUNERAL DIRECTOR ROBert E. Wilhelm Funeral Home 250 REAL REGISTER 19876 REGISTER 19876						
6M 1.67	4308 Suitland Road, Suitland, Maryland	00					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7 1 2 0 2

. 6		11324	CERTIFICATE	OF DEATH		17490
er death		PLACE OF DEATH O. COUNTY PRINCE GEORGES	MARYLAND	PENNSYLVA	here deceased lived, if institution: R b. COUNTY	J
hours my s. Pages hours aft		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) ANDREWS AF BASE	c. LENGTH OF STAY IN 16 23 Days	NEW CASTL	side carparate limits, write RURAL ar $ ilde{ extbf{E}}$	75.3
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 be retained by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in 3 should be detached for use as the burial-transit permit. Then please remagnization paper ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72.		d. NAME OF HOSPITAL OR INSTITUTION (IF NOT USAF HOSPITAL AN	DREWS		ANE STREET	e. IS RESIDENCE ON A FARM? YES NO X
	S. 100 dur 13.	MALE CAU USUAL OCCUPATION (Give kind of work done ng mast af working life, even if refired) USAF FATHER'S NAME WILLIAM A. YERGE WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) [Iff wes give wor or dates of second content of the second content of t	A YET 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED 2 10b. KIND OF BUSINESS OR INDUSTRY USAF Service) 16. SOCIAL SECURITY NO. 17. III	DETROIT, 14 MOTHER'S MAIDEN NO DOROTHY A NFORMANT	6 31 yrs. Mor Stote, or foreign country) MICHIGAN AME COAPMAN Address	Day Year 27 196 7 NDER I YEAR IF UNDER 24 HRS. 1ths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA
		YES 18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	CARDIAC ARREST CARCINOMA OF RI		Same as #2	INTERVAL BETWEEN ONSET AND DEATH
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	VIRIBUTING TO DEATH BUT NOT RELATED TO THE 20b. DESCRIBE HOW INJURY OCCURRED. (()	19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur'o.m. p.m. 19 21. certify that 60 (this haspi	While at wark factor	E OF INJURY (Hame, farm, ary, street, office bldg., etc.)		(County) (State)
		22c. PHYSICIAN'S	tal) attended the deceased fram_3 7 August 19 6.7, and that M.D CAMPELLI CAPELLE	ATTENDING DE CONTROL OF CONTROL O	MED. STAFF DIRECTOR PHYS. AF Hospital A	b. DATE SIGNED 27 Aug 67 ndrews
TO HOSPITAL TO HOSPITAL POGE 4 moy TO FUNERAL I director, pog should be file	R.	BURIAL, CREMATION, REMOVAL (Specify) Urial-Rem. Sept	CAMPBELL, CAPT US 10 23c. NAME OF CEMETERY OR CO 1.1,1967 Roseland 1.1,1967 Roseland	REMATORY d Park	drews AFB Wws 23d LOCATION (City or Town) Woodward. BX REGISTRA 967 25b JUNE 3	(Caunty) (State)

- 100 The second second second MARSAGE AN ESTOREET SERVICE SERVICE AND MARKET Company of the Company of the State of the Company DATE OF THE PARTY AND THE PARTY AND THE PARTY OF THE PART Unginist des Barriour | Joseph Lager | Docksted 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | AND RESIDENCE OF THE PARTY.

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